

Sonoma County Children and Families Commission



Strategic Plan

Executive Summary

April 2000

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Acknowledgments

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Early Learning Institute
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Sonoma County Family Action
Sonoma County People for Economic Opportunity

I. Introduction

The State Commission has identified three strategic results that emanate from the Act:

1. Improved Family Functioning: Strong Families;
2. Improved Child Development: Children Learning and Ready for School; and
3. Improved Child Health: Healthy Children.

The State Commission has encouraged County Commissions to consider these strategic results while planning programs, services and projects that *promote, support and improve early childhood development to enhance the intellectual, social, emotional and physical development of children in California* (Health and Safety Code Section 130125 (b)).

Under the Children and Families Act of 1998, each County Commission is required to develop a comprehensive, integrated strategic plan to implement the Act and achieve its desired strategic results.

II. Mission, Principles and Goals

Based on this guidance from the State Commission, the Sonoma County Children and Families Commission initiated a community-based planning process to develop a strategic plan to locally implement the Children and Families Act of 1998. Among its first activities, the Sonoma County Commission developed and adopted the following mission to guide its planning and implementation functions.

Sonoma County Children and Families Commission

Mission

To ensure the healthy development of children, the empowerment of families and the strengthening of communities by developing a high quality, easily accessible and family-centered system of education, care, support, health and human services for all Sonoma County children ages 0-5.

Principles

- ***We engage and challenge the community to come together so children can grow up in a safe and nurturing environment.***
- ***We honor and respect the diversity, strength, uniqueness and potential of individuals, families and communities.***
- ***We believe that families have primary responsibility for their children's physical, mental, social and moral development.***
- ***We believe that early intervention and prevention services are a wise investment of resources.***

Goals

- *Children ages 0-5 will have access to a full continuum of health care and services.*
- *Families will have access to high quality, dependable, stable and affordable child care.*
- *Through support, education, information and services, parents, caregivers and potential parents will use their understanding of the developmental and health needs of children and the demands of pregnancy and parenting to create safe and nurturing environments for children.*
- *Families with children 05 will have access to the resources that enable their children to develop optimally and begin kindergarten at readiness level.*
- *The Children and Families Commission funds will be invested in programs and service systems to make a positive and significant impact in the community over time.*
- *The entire community will be engaged in supporting the healthy development of children.*

III. Sonoma County's Approach to Strategic Planning

Challenging the community to come together for the benefit of young children and in support of families, Sonoma County's Children and Families Commission engaged in a broad community-based process involving:

- the Commission's five members;
- the 51 members of the **Community Advisory Committee (CAC)**, subdivided into four ad hoc task groups;
- the **Technical Resource Committee (TRC)** of 13 members;
- Commission staff; and
- Strategic planning consultants from the Berkeley-based International Child Resource Institute (ICRI).

Each group had a defined role in the process:

- The **Community Advisory Committee's** role was to assess the needs and opportunities in the community related to children prenatal to age five and develop recommendations for the Commission on program and process objectives, desired outcomes, possible indicators and potential strategies.
- The **Technical Resource Committee's** role was to provide technical assistance to both the Commission and the CAC, assist in the information gathering process and in identifying best practices.
- The Commission staff provided administrative support to the Commission, the CAC and the TRC, and coordinated the Commission's community-wide communication activities.
- ICRI's Consultants, with the assistance of staff, guided the process of the Commission's planning, including the activities of the CAC and its ad hoc task groups, and the TRC.

In developing its findings, the Community Advisory Committee utilized the following key visioning questions:

- What do you consider to be the really good things about Sonoma County when it comes to children?
- What do you see as the biggest needs for children in Sonoma County?
- What's the biggest thing you think the community should do to best care for children age birth to five years old?
- What are your hopes for children in Sonoma County?

ICRI employs a Management by Objectives outcomes-based approach to planning. This approach was modified to parallel the *Results Accountability Framework*, developed by Mark Friedman of the Fiscal Studies Policy Institute. This structure was utilized to develop the elements of the Sonoma County strategic plan.

Widely publicized Public Hearings were held at the beginning of February at 6 locations throughout the county to allow for review of and comment on the DRAFT Strategic Plan by the community-at-large. The CAC and TRC Committee members were encouraged to participate in the public hearing process and provide their individual input on the DRAFT Strategic Plan.

In addition to holding public meetings and hearings, and involving a large number of individuals from the community in the planning process, the Commission developed three strategies to maintain communication with and involvement of the community-at-large:

- Presenting a day-long workshop on early childhood development for Commission, CAC, TRC and other interested community-members, called *Building Blocks: Current Research on Early Childhood Development and Its Applications*;
- Developing a web-site with links to the County web-site for information on the Commission's status and planning activities; and
- Distributing a monthly newsletter to the public.

IV. Local Needs and Opportunities: Summary of Findings

The Community Advisory Committee's (CAC) recommendations were developed using findings on the status of children prenatal to age five years old in Sonoma County and their families. In some cases, state and national data was reviewed for local implications. These findings are detailed in the Strategic Plan.

In considering these findings, a number of common themes and overarching ideas emerged from the CAC's vision, including:

- ***The need for expansion of services and treatment.*** There should be an increase in available services so that, as needs are identified, people can receive the help they need.
- ***The need for a coordinated system of services.*** Parents and children should be able to get good information and referrals, enter a system at multiple locations and receive multi-disciplinary services at one location. Confidentiality issues should be considered while streamlining information sharing.

- ***The need for services/programs to be community/neighborhood/locally accessible.*** Services should be determined by the needs identified in that area, with local input.
- ***The need for services to provide a multi-disciplinary approach and with multiple services offered through each system of distribution.*** Services should include home visitation and early screening. Staff should be cross-trained in multiple needs of the families and the screening tools necessary to identify risk factors, and should include the increased use of community health workers.
- ***The need to develop services for all families, but with special emphasis for some families.*** Families with multiple risk factors should have access to services and support that help them meet their needs and those of their children. There was initial discussion that services/programs be focused on 4 or 5 priority risk factors. The overlap from the child welfare and the health areas point to family/domestic violence, substance abuse, neglect and mental health problems as these identified priority risk factors.
- ***The need to address a growing income gap.*** Poverty was another common theme. Investing in support of a livable wage campaign would do much to help increase wages of child care providers and affect many of the poverty issues that affect the basic needs of children (inadequate food, housing, medical care, etc.)
- ***The need to assist the working poor to achieve self-sufficiency.*** This means expanding the community training opportunities for job advancement; expanding community supports for child care resources and other enabling services (e.g. transportation, mentoring, and life-skills training); and providing low interest loans to working poor families for deposits on housing.
- ***The need for a public education campaign to change community norms and build understanding that parenting skills are learned and every parent needs help in developing them.*** This campaign would create a new norm that encourages connections and empowerment for parents. This primary prevention issue was raised in 3 of the 4 ad hoc committees. Parent education should include information related to child development, health and the general welfare of children.
- ***The need for data development to fill in information gaps.*** Data would be available in the frequency and with the detail needed to assess program effectiveness and the community's success in meeting the Commission's outcomes.

V. Commission Objectives, Desired Outcomes, Possible Indicators and Potential Strategies

Program objectives based on the CAC's summary of findings as well as identified needs and opportunities were developed, including desired outcomes and possible indicators for each objective, and examples of potential strategies that might be utilized to achieve each program objective and desired outcome. The Commission is concerned that follow-through on strategies

for service integration in the community is critical to assure that each family is linked with the services that meet their unique set of circumstances and needs. Further discussion of service integration follows in Section VII.

Sonoma County Children and Families Commission

Program Goals, Objectives and Desired Outcomes

Goal 1: Children ages 0-5 will have access to a full continuum of health care and services.

Objective 1: Provide a coordinated system of health care, health status assessment, and intervention services that improve the health and well being of young children age 0 to 5 years old.

Desired Outcomes:

- Healthy births
- Healthy children and adults
- Healthy early parent/child relationships

Goal 2: Families will have access to high quality, dependable, stable and affordable child care.

Objective 2: Increase the quality and amount of affordable accessible early care and education services in Sonoma County.

Desired Outcomes:

- Children ready for school
- Children succeeding in school
- Safe and supportive communities
- Stable families

Goal 3: Through support, education, information and services, parents, caregivers and potential parents will use their understanding of the developmental and health needs of children and the demands of pregnancy and parenting to create safe and nurturing environments for children.

Objective 3: Increase the number of parents who access support and educational offerings.

Desired Outcomes:

- Stable families
- Healthy children
- Children ready for school
- Safe and supportive communities

Goal 4: Families with children 0-5 will have access to the resources that enable their children to develop optimally and begin kindergarten at readiness level.

Objective 4: Support and advocate for policies and programs that increase family self-sufficiency and economic stability.

Desired Outcomes:

- Stable families

- Families able to meet their basic needs
- Supportive employment community

Goal 5: The Children and Families Commission funds will be invested in programs and service systems to make a positive and significant impact in the community over time.

Objective 5: Increase the integration and coordination of services across multi-disciplinary agencies.

Desired Outcomes:

- Coordinated children and family services
- Healthy births
- Healthy children and adults
- Children ready for school
- Children succeeding in school
- Stable families

Goal 5: The Children and Families Commission funds will be invested in programs and service systems to make a positive and significant impact in the community over time.

Objective 6: Increase the sharing of information, data, and analyses across agencies and throughout the community.

Desired Outcomes:

- Coordinated children and family services
- Healthy births
- Healthy children and adults
- Children ready for school
- Children succeeding in school
- Stable families

Goal 6: The entire community will be engaged in supporting the healthy development of children.

Objective 7: Increase awareness of the needs of children 0-5 and their families, increase visibility of programs and services, and highlight contributions being made toward positive outcomes for children in the community.

Desired Outcomes:

- Safe and supportive communities

VI. Fund Allocation to Commission Prioritized Strategies

The Children and Families Commission reviewed the broad list of potential strategies developed by the Community Advisory Committee in support of the Commission's goals and objectives. Specific potential strategies were identified from this broad list for further discussion by the Commission based on overall need in the community and potential for integration of services. The Commission then underwent a numerical ranking process to narrow this list of potential strategies to those with the most local promise. Each Commissioner individually ranked the list

of specific potential strategies. The rankings were then compiled and this overall ranking was used to narrow the list to the strategies for further review.

The Commission asked staff and consultants to present information on best practices in the four focus areas based on this narrowed list of potential strategies. Information was presented to the Commission on best practice features and outcomes; local feasibility and implications; existing structure; and approximate cost and leveraging potential.

The Commission utilized this best practice information, public input and comment, the CAC and TRC input and recommendations, and other information provided during the planning process, to develop its priorities for funding. Funding amounts were identified utilizing the Commission's overall approach for program fund allocation discussed in Section III. Individual funded priorities support the Commission's goals and objectives, and may relate to more than one of the planning goals and objectives as a result of Commission's desire to meet the need for overall integration of services.

Three of the program strategy priorities shown below are currently unfunded, however, one or more may be funded with savings from other program categories during the course of the year. These unfunded priorities remain essential elements of the Strategic Plan and the Commission will continue to better define needs, funding opportunities and strategic approaches in these areas.

Priorities for Program Strategies

Fiscal Year 2000-2001

Funding Allocation

Priority	Funding Allocation	Leverage Potential
1. Home Visitation Programs	\$1,000,000	Potential to develop public funds as leverage
2. Expansion of Child Care (facilities, child care affordability/subsidies, incentives for child care providers)	\$1,000,000	Potential to develop additional public/private funding or matching funds Potential for matching funds from State for CARES model
3. Improving Access to Dental Care	*	
4. Access to Child Care Consultants (mental health, behavioral, temperament, fundraising, org. development)	\$150,000	Potential to develop additional private/public funding or matching funds; State Prop 10 to fund 20 counties (\$4MM)
5. Pre/perinatal substance abuse	*	
6. Family Literacy programs	*	State funds expected to be made available
7. Parent Education programs including special populations (e.g. using	\$200,000	Potential for other public funds available for special populations

Brazelton/Touchpoints)		
8. Working with Business community to support families with young children	\$25,000	Potential for business contributions in support of these efforts
9. Educating the public about early childhood development	\$50,000	Can be supported by State Prop 10 Commission campaign
10. Integration/Needs Assessments	\$50,000	
TOTAL	\$2,475,000	

*Currently, this is an unfunded priority, however, if savings occur during the first year from other funded categories, funds may be allocated toward the end of the fiscal year.

VII. Strategies for Service Integration in Early Childhood and Family Support Programs

The California Children and Families Act recognizes that integrating services is critical to achieving lasting impact in the community. This includes services in the areas of early child care and early childhood education, health, child welfare, parent education and family support services. The Sonoma County Children and Families Commission developed its strategic plan with a focus on integration of services as a key for achieving success.

The Commission's approach to strategic planning utilized the following service integration considerations:

- Involving the local community in identification of specific needs, objectives, and strategies, and engaging different segments of the population in working toward the achievement of the Commission's overall goals.
- Recognizing the importance of developing goals for different segments of the population, including an emphasis toward tailoring services for different neighborhoods or communities, or for families with specific risk factors.
- Developing potential strategies to achieve specific goals and objectives derived from the Commission's identification of community needs, assets and opportunities, and an emphasis toward utilizing and/or leveraging all available resources.
- Encouraging the development of new data sources and new outcome measures where appropriate.
- Linking goals and outcomes to an evaluation process, and using evaluation and monitoring for program improvement.

VIII. Infrastructure Strategies

In addition, the Commission developed infrastructure strategies to be included in the plan in the areas of:

- Fiscal Allocation and Management;
- Request for Proposal Process; and
- Commission Staffing and Committee Structure.

A. Fiscal Allocation and Management

The goal of the Commission's fiscal allocation and management strategies is to provide stable ongoing funding, adjusted for inflation and cost increases, sustained over time.

Several allocation scenarios were evaluated, however, with this goal in mind, the Commission adopted the recommendations that:

- A Dedicated Trust Fund should be developed to lengthen the time that stable funding is available for Sonoma County from the proceeds of the California Children and Families Act of 1998 – 40% of the total Commission fiscal year funding will be allocated to the Trust Fund;
- Program funding available to the community should remain at a fixed level adjusted for inflation and cost increases – 50% of the total Commission fiscal year funding will be allocated to Program funding; and
- Administrative funds should be allocated to support the operations of the Commission and its staff – approximately 10% of the total Commission fiscal year funding will be allocated to administrative costs.

The projected outcomes from these strategies are:

- The Dedicated Trust Fund builds until year six, and then diminishes.
- Beginning year seven, the Dedicated Trust Funds are drawn down to cover inflation-related increases in program funding.
- The Dedicated Trust Fund is depleted in year 25. After this point, available program funding will be based solely on the available annual revenues from Sonoma County's share of the State cigarette tax.

Program Funding

The Commission developed three types of program funding and allocated funds to each area:

- Program and Planning Grants – at least 65% of total program and planning funds to be allocated to the Community (exclusive of the Dedicated Trust Fund and administrative funding);
- Matching Funds and Small Grants – 10% of total program and planning funds to be allocated to the Community (exclusive of the Dedicated Trust fund and administrative funding); and
- Special Projects – up to 25% of total program and planning funds to be allocated to the community (exclusive of the Dedicated Trust Fund and administrative funding).

Leveraging and/or Matching Funds

The opportunity to develop leverage of local, state and federal funds with the Commission funds was identified as a key goal. There are a number of opportunities for this type of leveraging:

- Strengthening funding already available to Sonoma County;

- Bringing new funding to the county to support community programs; and
- Developing strong community partnerships.

Sonoma County Human Services developed a matrix, shown in the appendices, of state and federal children and family funds that could potentially be tapped for leveraging. Private sources of funding were also discussed as opportunities for leveraging. Along with the funding allocation plan developed by the Commission, leveraging opportunities were explored. Additional work will need to be done to identify specific leveraged funding opportunities, however, it appears to be a promising strategy to enhance available funding to the county.

B. Request for Proposal Process

The Commission will conduct a Request for Proposal (RFP) process asking for specific program strategies and activities with impacts that support the Commission's desired outcomes. The Sonoma County Strategic Plan cites a number of potential strategies of interest to the Commission and its advisory committee. These are included as examples of the types of proposals the Commission is interested in generating from the community, but is not intended to represent an exhaustive list of approaches that will be considered. The Commission's requests for proposals (RFP) will present enough specificity to generate proposals that meet the desired outcomes of the Commission's plan, but will be flexible enough to encourage a range of proposals. In some cases, the Commission will be specific in the approach they want to fund and in others, will encourage a wide range of approaches to be proposed.

The Commission will issue RFP's to the community one to four times per year depending on the Commission's funding plans and status of currently funded programs. A Letter of Intent (LOI) may be requested in order to assess interest in the community. Proposals will be reviewed by a committee of experts selected by the Commission. Recommendations for funding will be made by staff to the Commission based on the committee's review. The Commission will decide on those programs to be funded, the amount to be funded and the length of that funding. Based on the requirements in the Act, the Commission will develop a mechanism to assure against supplantation of funds.

The goal of the Commission is to reach into the community to fund both new and existing programs. The Commission's intent is to be proactive in building community capacity for service integration and agency collaboration while ensuring a fair competitive process. Planning grants will be accepted. A bidder's conference will be offered and technical assistance will be made available to agencies or groups of agencies that require additional support to be able to submit a competitive proposal. The Commission will develop approaches to providing this technical assistance.

C. Commission Functions, Committee Structure and Staffing

The current plan for staffing the Commission assumes that the Sonoma County Department of Health Services, Prevention and Planning Division, remains the home for the Commission staff. Legal and financial services are provided by county departments and funded under the administrative budget of the Commission.

There are currently five Commissioners seated on the Sonoma County Children and Families Commission. The Board of Supervisors revisited this issue in November 1999 and decided to

maintain the size of the Commission at five members, but to consider an increase at a later time. The Commission's plan recommends the creation of two additional Commission member positions to bring the total to seven in April 2000, with the goal of increasing to nine members at a later date. The plan for the Commission committee structure provides for a structure for a Commission of seven or nine members.

Proposed Commission Workplan

- ✓ Promotes and assures community involvement in Prop 10 planning and implementation activities;
- ✓ Oversees strategic plan development and annual plan revisions;
- ✓ Administers RFP process and allocates Prop 10 resources;
- ✓ Oversees administration of Prop 10 revenues and investments;
- ✓ Monitors performance and outcome data to assure program effectiveness and progress against desired outcomes;
- ✓ Assures compliance with State reporting and planning guidelines; and
- ✓ Oversees public information, education, training and technical assistance activities and special projects as needed to support plan goals and desired outcomes.

Proposed Commission Calendar

- ✓ Meetings: Monthly, except December and July
- ✓ Planning/reporting cycle:
 - July-Sept: Conduct and prepare annual program and financial audit (due 10/15)
 - Nov - Dec: Prepare and publish annual report
 - Dec – Mar: Conduct annual strategic plan review
 - April: Finalize and submit revised strategic plan

IX. Evaluation Strategies

Evaluation is an essential tool in establishing the intended results of the Commission's work; reviewing progress toward achieving the goals, objectives and desired outcomes in the plan; and assessing the effectiveness of the funding allocation decisions. The Commission's plan for evaluation combines the state requirements for assessing the impact of services from an outcomes perspective with the Commission's need to establish process measures and build local capacity to measure outcomes. The Commission views its first evaluation priority as starting the long-term process of capacity building and creating baseline information against which progress can be measured. Only after those two foundations have been established will the Commission be able to assess the ultimate impact of its work.

The Commission will establish performance expectations at three levels of impact. The evaluation will provide evidence of the extent its decisions have affected those three levels. They are:

1. **Individual children and families** – The first level of impact will be the individual children and families who use Commission-funded services. For them, the evaluation will establish expected outcomes or measures of change over time. These expectations will be consistent with the intent of the California Children and Families Act but will address the specific needs of Sonoma County as defined in the Strategic Plan.

2. **Service system** – Beyond the effect on individual service users, the Commission wants to promote a comprehensive, integrated service system that is consumer-oriented and easily accessible. The evaluation will establish expectation for changes in the service delivery system, as well as the capacity of individual service providers, that reflect the Commission's goals.
3. **Community** – The ultimate measure of the effectiveness of the Commission's work will be improvements in the well-being of all children and families in the county. The evaluation will document changes in a select group of established indicators of the status of children and families. The indicators will be meaningful measures of community change. In addition, the Commission will conduct periodic surveys of the community residents to assess attitudes and behaviors related to young children.

Evaluation Approaches

The Commission will use a combination of methods to document the impact of its decisions and the performance of service providers who receive Commission funding, including:

- Service provider reports;
- Service provider self-assessments;
- Monitoring community indicators; and
- Community and service user surveys.

X. Conclusions

The Sonoma County Children and Families Commission has undergone a tremendous countywide effort to involve the community in planning for the local implementation of the statewide Children and Families Act of 1998. The planning process was at times both frustrating and exhilarating, but all those involved were very committed to the tasks.

Through this document, the Commission is submitting its current version of Sonoma County's Strategic Plan to the State Children and Families Commission. As required in the Act, this plan will undergo yearly review and revisions. The Commission plans to continue to focus its efforts on:

- Assessing the effectiveness of funded programs.
- Evaluating the Commission's impact on community-wide outcomes.
- Developing information to support future planning efforts.
- Refining programs and services over time.

It is anticipated that the fiscal year 2000-2001 RFP process will be implemented this summer with funding to the community anticipated in the fall 2000.

The goals and objectives discussed in this plan are indicated for a one year planning period, however, the Commission sees these as part of their long term vision for Sonoma County. The Sonoma County Commission will continue to work within the community on the issues following the mission, principles, and goals developed at the beginning of this strategic planning process.

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5. Pre/perinatal substance abuse	*	
6. Family Literacy programs	*	State funds expected to be made available
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Table of Contents

		<u>Page</u>
I.	Introduction.....	5
II.	Mission, Principles and Goals.....	6
III.	Sonoma County’s Approach to Strategic Planning.....	8
IV.	Local Needs and Opportunities: Summary of Findings.....	18
V.	Commission Objectives, Desired Outcomes, Possible Indicators and Potential Strategies.....	25
	Program Objectives.....	25
	Process Objectives.....	32
VI.	Funding Allocation to Commission’s Priorities for Program Strategies.....	36
VII.	Strategies for Service Integration in Early Childhood and Family Support Programs.....	42
VIII.	Infrastructure Strategies.....	44
	A. Fiscal Allocation and Management.....	44
	B. Request for Proposal Process.....	48
	C. Commission Functions, Committee Structure and Staffing.....	54
IX.	Evaluation Strategies.....	59
X.	Conclusions.....	63
XI.	Appendices.....	64

I. Introduction

“The California Children and Families Act of 1998 is designed to provide, on a community-by-community basis, all children prenatal to five years old with a comprehensive, integrated system of early childhood development services. Through health care, quality child care, parent education and effective intervention programs for families at risk, children and their parents and caregivers will be provided with the tools necessary to foster secure, healthy and loving attachments. These attachments lay the emotional, physical and intellectual foundation for every child to enter school ready to learn and develop the potential to become productive, well-adjusted members of society.” *California Children and Families Commission, Guidelines: A Resource for Developing Prop. 10 Strategic Plans*, pg. 3

The State Commission has identified three strategic results that emanate from the Act:

1. Improved Family Functioning: Strong Families;
2. Improved Child Development: Children Learning and Ready for School; and
3. Improved Child Health: Healthy Children.

The State Commission has encouraged County Commissions to consider these strategic results while planning programs, services and projects that *promote, support and improve early childhood development to enhance the intellectual, social, emotional and physical development of children in California* (Health and Safety Code Section 130125 (b)).

Under the Children and Families Act of 1998, each County Commission is required to develop a comprehensive, integrated strategic plan to implement the Act and achieve its desired strategic results.

Health and Safety Code Section 1301140(1)(C)(ii) of the Act requires County Commission strategic plans to include, at a minimum, the following components:

- 1. A description of the goals and objectives proposed to be attained;**
- 2. A description of the programs, services and projects proposed to be provided, sponsored or facilitated;**
- 3. A description of how measurable outcomes of such programs, services and projects will be determined by the County Commission using appropriate reliable indicators; and**
- 4. A description of how programs, services and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system.**

II. Mission, Principles and Goals

Based on this guidance from the State Commission, the Sonoma County Children and Families Commission initiated a community-based planning process to develop a strategic plan to locally implement the Children and Families Act of 1998. Among its first activities, the Sonoma County Commission developed and adopted the following mission to guide its planning and implementation functions.

Sonoma County Children and Families Commission

Mission

To ensure the healthy development of children, the empowerment of families and the strengthening of communities by developing a high quality, easily accessible and family-centered system of education, care, support, health and human services for all Sonoma County children ages 0-5.

The Commission also developed and adopted the following principles by which its work was to be accomplished.

Sonoma County Children and Families Commission

Principles

- *We engage and challenge the community to come together so children can grow up in a safe and nurturing environment.*
- *We honor and respect the diversity, strength, uniqueness and potential of individuals, families and communities.*
- *We believe that families have primary responsibility for their children's physical, mental, social and moral development.*
- *We believe that early intervention and prevention services are a wise investment of resources.*

The Commission then developed and adopted the following six goals necessary to support its mission.

Sonoma County Children and Families Commission

Goals

- *Children ages 0-5 will have access to a full continuum of health care and services.*
- *Families will have access to high quality, dependable, stable and affordable child care.*
- *Through support, education, information and services, parents, caregivers and potential parents will use their understanding of the developmental and health needs of children and the demands of pregnancy and parenting to create safe and nurturing environments for children.*
- *Families with children 0-5 will have access to the resources that enable their children to develop optimally and begin kindergarten at readiness level.*
- *The Children and Families Commission funds will be invested in programs and service systems to make a positive and significant impact in the community over time.*
- *The entire community will be engaged in supporting the healthy development of children.*

III. Sonoma County's Approach to Strategic Planning

Challenging the community to come together for the benefit of young children and in support of families, Sonoma County's Children and Families Commission engaged in a broad community-based process involving:

- the Commission's five members;
- the 51 members of the **Community Advisory Committee (CAC)**, subdivided into four ad hoc task groups;
- the **Technical Resource Committee (TRC)** of 13 members;
- Commission staff; and
- Strategic planning consultants from the Berkeley-based International Child Resource Institute (ICRI).

Each group had a defined role in the process:

- The **Community Advisory Committee's** role was to assess the needs and opportunities in the community related to children prenatal to age five and develop recommendations for the Commission on program and process objectives, desired outcomes, possible indicators and potential strategies.
- The **Technical Resource Committee's** role was to provide technical assistance to both the Commission and the CAC, assist in the information gathering process and in identifying best practices.
- The Commission staff provided administrative support to the Commission, the CAC and the TRC, and coordinated the Commission's community-wide communication activities.
- ICRI's Consultants, with the assistance of staff, guided the process of the Commission's planning, including the activities of the CAC and its ad hoc task groups, and the TRC.

ICRI employs a Management by Objectives outcomes-based approach to planning. This approach was modified to parallel the *Results Accountability Framework*, developed by Mark Friedman of the Fiscal Studies Policy Institute. This structure was utilized to develop the elements of the Sonoma County strategic plan.

In addition to holding public meetings and hearings, and involving a large number of individuals from the community in the planning process, the Commission developed three strategies to maintain communication with and involvement of the community-at-large:

- Presenting a day-long workshop on early childhood development for Commission, CAC, TRC and other interested community-members, called *Building Blocks: Current Research on Early Childhood Development and Its Applications*;
- Developing a web-site with links to the County web-site for information on the Commission's status and planning activities; and
- Distributing a monthly newsletter to the public.

An overall timeline for the process and organization chart for the committees and other key participants follows at the end of this section.

Community Advisory Committee: Process and Timeline

The Community Advisory Committee (CAC) conducted an intense community effort to develop its assessment of the needs and opportunities in the community related to children prenatal to age five, and its recommendations for the Commission on program and process objectives, desired outcomes, possible indicators and potential strategies. The needs identified by the CAC are for all children age prenatal to age five and their families in Sonoma County. Opportunities represent local conditions that provide potential for positive change for these families and children. Gaps in services identified by the CAC represent barriers for families to having their needs met in the local community.

The efforts by the CAC represented six months of committee and ad hoc group meetings, information gathering, survey work, parent meetings, and discussion in the community and among the CAC membership. The Community Advisory Committee held meetings approximately monthly from July 1999 through January 2000.

The four ad hoc task groups of the CAC were focused on the areas of:

- Child Care and Early Childhood Education;
- Health;
- Child Welfare; and
- Parent Education and Support.

These ad hoc task groups held separate meetings approximately every two weeks from August 1999 through December 1999.

The Community Advisory Committee engaged in the following steps to gather information and develop its recommendations:

- Ad hoc task groups were convened representing the fields of child care and early childhood education, parent support and education, health and child welfare.
- In a coordinated approach, each CAC ad hoc group gathered information about programs, services and resources currently available in the community.
- Each ad hoc group conducted key resource group surveys and/or key informant interviews in the four areas of services for children.
- Parent/caregiver meetings were held in various geographical areas of the county and with diverse groups of parents and community members.
- Each ad hoc group developed and utilized a set of similar questions in its outreach to community groups.
- Each ad hoc group reviewed and discussed the information, data and community comment it had gathered.

- Each ad hoc group developed and reported its findings, including identified needs and opportunities, gaps in services, and lack of data/information available.
- The ad hoc groups developed recommended objectives, desired outcomes, possible indicators and potential strategies in each of the four service areas based on the needs, opportunities and gaps identified in the community.
- The CAC then developed a combined list of objectives distilled from the work of the four ad hoc task groups.
- Finally, the CAC prioritized its list of combined objectives along with desired outcomes, possible indicators and potential program strategies.

The CAC developed four key visioning questions around which to organize their outreach:

<p style="text-align: center;">Key Visioning Questions</p> <ul style="list-style-type: none"> • What do you consider to be the really good things about Sonoma County when it comes to children? • What do you see as the biggest needs for children in Sonoma County? • What's the biggest thing you think the community should do to best care for children age birth to five years old? • What are your hopes for children in Sonoma County?
--

The CAC conducted a four pronged strategy for community outreach:

1. Parent Speak Outs

Organized meetings were conducted to solicit and receive input on a set of specific questions. A facilitator led the meeting so that staff, consultants and CAC/TRC members could observe and record.

- ✓ Target groups: Parents and other caregivers of young children, women in recovery from substance abuse, Head Start parents, teen moms, and other interested individuals and groups.
- ✓ Meetings Held: 9 meetings were held involving approximately 185 participants
- ✓ Languages: English and Spanish

- ✓ Geographic Locations: West County, Cloverdale, Santa Rosa, Sonoma Valley, Rohnert Park and Petaluma
- ✓ Timing: October-November 1999

2. Key Resource Groups

A letter was sent to a list of over 40 resource groups in the county that coordinate services for families and children, requesting their responses to the four open-ended questions on early childhood needs.

Responses were received in the following forms:

- ✓ 22 written responses were received to the specific questions posed in the letter;
- ✓ 10 groups/individuals made presentations at the November 16th CAC Meeting; and
- ✓ 2 visits were made by a CAC member to the group's own meeting to obtain a response.

3. Personal Interviews – Key Informants

CAC members interviewed selected individuals from groups such as:

- ✓ 4C's Voucher Program Families
- ✓ Prenatal classes
- ✓ SonomaWORKs participants
- ✓ WIC (Spanish-speaking) participants
- ✓ Other key informants, including individuals working in relevant fields and others who had approached staff or committee members offering assistance.

4. Written Surveys

CAC members distributed over 3000 written surveys and collected over 450 responses from attendees at the Sonoma County Brazelton Conference, the Santa Rosa Junior College's (SRJC) Common Ground Conference, SRJC's Child Development Department, and a variety of community groups.

A process to assist the CAC in setting program priorities and selecting desired outcomes was conducted by the consultants at the November 2nd, November 15th, and November 29th meetings. Each ad hoc group reported on its recommended program priorities from its specific focus area to the CAC. The CAC then developed and adopted its overall program priorities and desired outcomes for recommendation to the Commission. The CAC also conducted a priority setting process through discussion and consensus building.

Preliminary recommendations from the CAC were presented to the Sonoma County Commission at its November 17, 1999 meeting for review and comment. Final recommendations were presented by the CAC at the December 15, 1999 meeting of the Sonoma County Children and Families Commission.

Technical Resource Committee: Process and Timeline

The TRC worked with the Commission and the CAC to provide information and data resources to assist in the development of the recommended program priorities, desired outcomes, possible indicators and potential strategies.

The TRC also reviewed the preliminary and final recommendations of the CAC answering the following questions:

Technical Resource Committee

Issues to Address in Review of CAC Findings and Recommendations

- **What do you see as opportunities to combine priorities or objectives across the ad hoc groups?**
- **What do you see as issues around evaluation related to the proposed priorities/objectives?**
- **What do you see as opportunities for system integration from these proposed priorities/objectives?**
- **What additional data or documents are you aware of that would provide support to these proposed priorities?**

After reviewing the CAC's recommendations, the TRC reported its findings to the Commission during November and December for consideration in the Commission's development of the final strategic plan program elements.

Infrastructure Development

In addition, during November and December, the Commission developed strategies for infrastructure development to be included in the plan, including the areas of:

- Fiscal Allocation and Management;
- Request for Proposal Process; and
- Commission Staffing and Committee Structure.

Staff from Sonoma County's Auditors Office and County Human Services Department assisted with the overall funding allocation design. Staff from the local United Way and the Sonoma

County Community Foundation provided consultation in development of the request for proposal elements of the plan.

Final Steps

At the beginning of January, the CAC and TRC Committees met for a joint meeting to review their final recommendations in light of comments made at the December Commission meeting. In addition, the CAC and TRC Committees met jointly in mid-January to briefly review the DRAFT Strategic Plan and provide written comments before the public hearing process. The outcomes from both joint meetings were incorporated into the DRAFT Strategic Plan released to the public at a press event on January 28.

Widely publicized Public Hearings were held at the beginning of February at 6 locations throughout the county to allow for review of and comment on the DRAFT Strategic Plan by the community-at-large. The CAC and TRC Committee members were encouraged to participate in the public hearing process and provide their individual input on the DRAFT Strategic Plan.

The Commission then developed its strategies for final plan decision-making at its February, March and April meetings as described below.

Steps for Final Plan Decision Making

February 23 Commission Meeting

- Review community input from public hearings
- Review options for funding allocation system and decide on approach for funding allocation
- Review outline and options for use of Best Practice information to be developed
- Decide on how Best Practice information will be used in decision making

March 8 Commission Meeting

- Review Best Practice information
- Decide how to include Best Practice information in strategic plan
- Develop final funding allocation plan
- Review other changes to be made in strategic plan

March 22 Commission Meeting

- Final session to develop funding allocation plan.

April 6 Commission Meeting

- Commission Meeting to formally approve final Strategic Plan.

April 25 Board of Supervisors Meeting

- Strategic Plan presented to Board of Supervisors

April 26 Commission Meeting

- Commission adopts Strategic Plan to send to the State.

The comments from the public hearings were synthesized and provided to the Commission at its February 23 meeting for use in developing the final Children and Families Strategic Plan.

In addition, at the February meeting, the Commission developed its goals for prioritizing and allocating funds to program objectives and selected strategies.

**Sonoma County
Children and Families Commission**

**Strategies
for Program Fund Allocation**

- **Fund one or two larger countywide projects and a few smaller local projects through the RFP process.**
- **Set aside pool of funds for small grants to groups or individuals (for example, family child care providers, small child care centers, programs with one time specialized need for funds, neighborhood groups, etc.) in less complicated RFP process.**
- **Allocate dollar ranges to selected focus areas and best practice model strategies.**
- **Fund to establish broad geographical access to programs.**
- **Provide some portion of the overall funding to all four of the focus areas.**
- **Emphasize integrated approaches.**

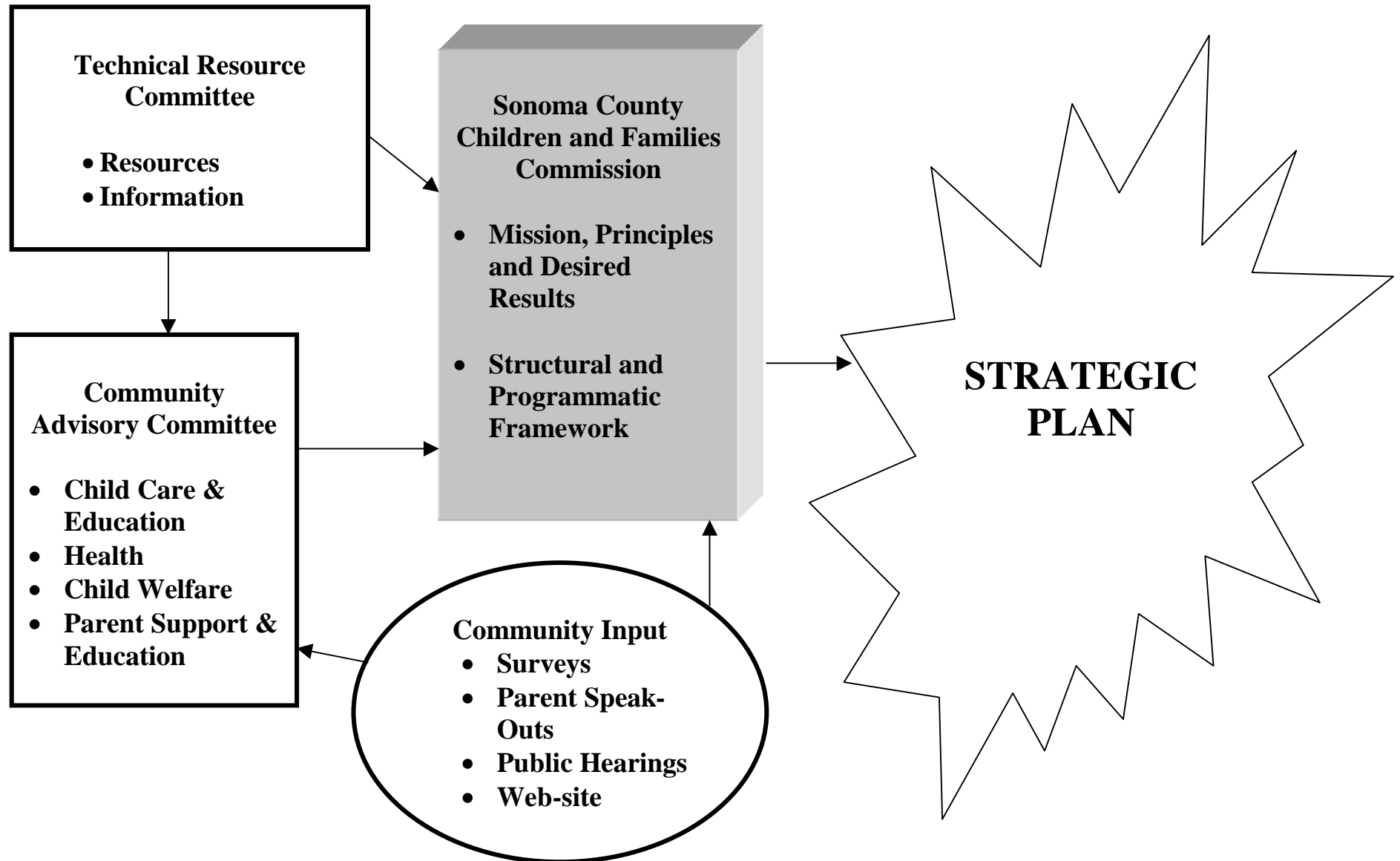
The Commissioners identified strategies of particular interest that supported the program objectives in the Strategic Plan. Information on best practices related to these strategies was developed by staff and consultants, and presented at the early March Commission meeting. The Commission narrowed the list of potential strategies through a numerical ranking process to those considered most promising. The Commission then developed its plan for allocating funds to these prioritized strategies in support of the program and process objectives, consistent with allocation strategies already developed and adopted by the Commission.

Sonoma County Children and Families Commission

Planning Timeline September 1999 – April 2000

Timeline	Activity
September 22 nd – November 2 nd	CAC continues to gather information and conduct key informant interviews. TRC reviews process and results of information gathering.
October 5 th	CAC Steering Committee meets to discuss ad hoc progress, reporting formats, and development of focus groups.
October 19 th 2:30-4:30 pm	CAC meets to discuss ad hoc progress, focus groups, reporting format and work on visioning.
October 26th	<i>Parent Meeting, Multi-Cultural Child Development Center, Santa Rosa</i>
November 2 nd 6:00-8:00 pm	Ad hoc groups present their key findings and preliminary recommended program priorities to CAC.
November 3 rd 3-4:30 pm	CAC Steering Committee meets to discuss ad hoc reporting and status of community outreach efforts, including planning for Family Speak Outs.
November 5th 6:30-8:30 pm	<i>Parent SpeakOut, McKinley Elementary School, 110 Ellis Street, Petaluma</i>
November 8th 6:00-8:00 pm	<i>Parent SpeakOut, St. Leo's Church, 601 Agua Caliente Road, Sonoma</i>
November 9th 6:00-8:00 pm	<i>Head Start Parents Meeting, South Park Center, 1330 Temple Street, Santa Rosa</i>
November 10th 6:00-8:00 pm	<i>Parent SpeakOut, Family Resource Center, 124 N. Cloverdale Blvd., Cloverdale</i>
November 12th 11-12:30	<i>Women in Recovery Meeting, DAAC, 2403 Professional Drive, Santa Rosa</i>
November 2 nd –15 th	TRC reviews key findings and preliminary recommended program priorities. TRC meeting scheduled for November 10 1:30-4:30 pm to discuss.
November 16 th 2:00-6:00 pm	CAC meets to review TRC comments and make final preparation for Commission presentation on preliminary recommended program priorities.
November 17th 11:30am-1:00pm	<i>Teen Mom Group, 1925 W. College Avenue, Santa Rosa</i>
November 17 th	Commission reviews key findings and preliminary recommended program priorities.
November 17 th -29 th	CAC Ad Hoc groups revise preliminary work including developing outcomes, possible indicators and system integration recommendations.
November 29th 6:30-8:30 pm	<i>Parent SpeakOut, Guerneville Community Church Preschool, 14520 Armstrong Redwoods Road, Guerneville</i>
November 30 th 2:30-4:30 pm	CAC develops ranked combined list of program priorities and develops outcomes/indicators, and system integration recommendations.
December 2nd 7:00-9:00pm	<i>Parent SpeakOut, Richard Crane Elementary School, Rohnert Park</i>
December 7 th 10:00am-1:00pm	TRC reviews CAC ranked combined list of program priorities, outcomes/indicators and strategies for system integration.
November 17 th -December 15 th	TRC provides comments for CAC and Commission.
December 15 th	Commission reviews final recommended program priorities, outcomes/indicators, and system integration models.
During December	Consultant begins to develop DRAFT Strategic Plan.
During January	Program and service delivery priorities/outcomes revised based on Commission comments. Consultant develops complete DRAFT Strategic Plan. TRC reviews DRAFT Strategic Plan.
January 18 th	Community Advisory Committee reviews and comments on DRAFT Strategic Plan.
January 26 th	DRAFT Strategic Plan presented to Commission.
Early February	<i>Public Hearings are held for community comment on DRAFT Strategic Plan. Community's input and comment documented.</i>
During February	Summary of public comment and input is compiled and reviewed. Recommended changes to DRAFT Strategic Plan are developed.
February 23 rd	Summary of public input and comment is presented along with recommended changes to DRAFT Strategic Plan to the Commission.
End February-March	DRAFT Strategic Plan revised based on Commission input. Final Strategic Plan completed for presentation to the Commission at the beginning of April.
April	Final Strategic Plan presented to Commission in early April. Commission presents Plan to the Board of Supervisors at the end of April. Commission submits finalized Strategic Plan to State Commission. Staff distributes Strategic Plan to community as appropriate.

Sonoma County's Approach to Strategic Planning



IV. Local Needs and Opportunities: Summary of Findings

The Community Advisory Committee's (CAC) recommendations were developed using the following findings on the status of children prenatal to age five years old in Sonoma County and their families. In some cases, state and national data was reviewed for local implications.

Child Welfare

- There were approximately 34,000 children age 5 and under living in Sonoma County in 1990. It is estimated that number will increase to about 42,000 in the 2000 Census.¹
- Ten percent of Sonoma County children under six years old live in poverty. (Under \$16,036 per year for a family of four). In 1994, 11,667 children under five in the county qualified for the Special Supplemental Food Program for Women, Infants and Children (WIC).²
- In 1997, an estimated 7,645 people in Sonoma County experienced a homeless episode. Slightly less than half of those who experienced homelessness were families.³
- Between June 1998 and June 1999, about 400 children were seen at A Child's Portion, the food bank; an estimated 50-60% of these children were between age 0-5.⁴
- Sonoma County was one of only three Bay Area counties reporting increases in domestic violence since 1995. From 1992 to 1997, the number of Sonoma County domestic violence-related calls for assistance increased by 39%.⁵ Sonoma County statistics also indicate that 50% of active child abuse files have domestic violence reported.

Health

- Nearly 80% of high-risk infants and abused children referred to Sonoma County Public Health Nursing are from families involved with substance abuse.⁶
- A March 1991 Prenatal Toxicology Screen Study of birth mothers in the county reported 13.6% positive for alcohol or other drugs.⁷

¹ 1990 U.S. Census data and CA.Dept. of Finance, Demographic Research Unit, Official State Projection, 1993

² Community Action Report, pg. 25 citing Sonoma County Department of Health Services, 1998

³ Community Action Report, pg. 79

⁴ Agency data

⁵ Needs Assessment and 5-Year Plan for Maternal, Child and Adolescent Health Population (1999-2004), Sonoma County Department of Health Services

⁶ Sonoma County Prenatal Toxicology Screen Study

⁷ Sonoma County Prenatal Toxicology Screen Study

- On the active WIC caseload (as of November 1998), 11% of 806 pregnant women self-reported smoking 1-20 cigarettes per day.⁸ About 19% of the adult population in Sonoma County (1993) smoke.
- A Data Trends survey with over 4000 Sonoma County high school students in 5 districts indicated that about 25% of students self-reported that they had smoked in the last 30 days (1998). A 1996 study of Region 12 (Napa, Sonoma and Marin Counties) reported a 6.7% increase in adolescent cigarette smoking between 1990 and 1996. This was the third highest rate of increase among the 18 counties and regions in the California study. The region moved from 7th in adolescent cigarette smoking prevalence among California's counties and regions in 1990 to 1st in 1996. (UC San Diego/Tobacco Control Section)
- Current smoking prevalence for female adolescents increased by 10.7% (UC San Diego/Tobacco Control Section). Pregnant teen rates for smoking are also high. 98 out of 177 (55%) pregnant teens in the Sonoma County Adolescent Family Life Program self-reported smoking at the time of enrollment (between 7/1/97 and 6/30/98).⁹
- Unlike California as a whole, in which teen births subsided for six consecutive years before 1997, in Sonoma County the teen birth rate did not begin to drop until 1995, and actually increased by 0.5% in 1997.¹⁰
- A majority of adults, and two in three parents in California, feel that teen pregnancy is a very serious problem as reported in the 1999 Field Institute statewide public opinion poll. Southwest Santa Rosa has a particularly high rate of births to teenagers (72.2 per 1000).¹¹
- While Hispanic girls represent only 13% of the County's teenage population, they represent 46% of teen mothers.¹²
- In 1997, there were 10.7% of mothers with no first trimester prenatal care in Sonoma County.¹³ Hispanic women and teenage mothers enter care later than other mothers in the county do. Women in Southwest Santa Rosa also have lower rates of entry into care.
- Seventy-three percent of Sonoma County mothers exclusively breast fed their babies at the time of hospital discharge in 1997. WIC recommends that mothers breastfeed

⁸ Needs Assessment and 5-Year Plan for Maternal, Child and Adolescent Health Population (1999-2004), Sonoma County Department of Health Services

⁹ Ibid

¹⁰ Ibid

¹¹ Community Action Report, pg. 44.

¹² Community Action Report pg. 44.

¹³ Center for Health Statistics, Department of Health Services

their babies up to one year to help prevent illness and childhood obesity. Currently the average duration of breastfeeding is shorter.

Child Care and Early Childhood Education

- According to the 1999 Sonoma County Realities Report, “Child Care – A Quiet Crisis for Sonoma County”, 15,408 children age 0-5 will need child care in the year 2000. Child care enables adults to be productive residents of Sonoma County, enables businesses to employ workers, insures the safety of young children while adults work, and lays the groundwork for optimal early childhood development.¹⁴ The capacity of licensed child care in the year 2000 for children age 0-5 will be 7,227 spaces. Approximately 8,181 children age 0-5, or 53% of those who need quality child care, will not have access to licensed care.
- According to the results of the study, “Not By Chance: Creating an Early Care and Education System for America’s Children”, forty percent of infant and toddler care nationwide takes place in settings that are unsafe or unhealthy.¹⁵ The quality of child care depends on the quality of the caregiver. Children receive the best care from child care workers who are well trained and well compensated for their work. It is difficult for parents to judge the quality of child care settings. Although child care experts have published guidelines for assessing child care, these are not easily available to many parents, and the guidelines do not have the force of law behind them.¹⁶
- The 1998 Rand Institute study, *Investing in Our Children, What We Know and Don’t Know About the Costs and Benefits of Early Childhood Interventions*, measured the effects of quality early care and education programs for long term effects, and found that “well designed, targeted programs can have lasting impacts on the children they reach and in the communities where they live.” Reviewing nine small-scale early care and education programs, Rand found that the programs improved the participating children’s subsequent academic achievement, and that several decreased the likelihood that the children would grow up to lead lives of crime.
- Spanning more than two decades, a study published by the University of North Carolina at Chapel Hill’s Frank Porter Graham Child Development Center found that providing high quality child care to children almost from birth until kindergarten shows the positive effects of such preschool education “interventions” last at least until age 21. The study indicates that early childhood education significantly improves the scholastic success and educational achievements of poor children even into early adulthood.¹⁷

¹⁴ Sonoma County Realities Report, Child Care – A Quiet Crisis for Sonoma County, Family Action of Sonoma County and the Sonoma County Child Care Planning Council, 1999

¹⁵ Not by Chance: Creating an Early Care and Education System for America’s Children, The Quality Initiative 2000, Sharon L. Kagan and Nancy E. Cohen, 1997

¹⁶ Sonoma County Realities Report, Child Care – A Quiet Crisis for Sonoma County, Family Action of Sonoma County and the Sonoma County Child Care Planning Council, 1999

¹⁷ University of North Carolina Chapel Hill, Abecedarian Project 21 Follow-Up, Dr. Frances Campbell, October 1999

- The Cost, Quality and Child Outcomes in Child Care Centers Study, originally published in 1995, followed over 800 children into second grade. The new study establishes a link between quality child care and school readiness: "...young children receiving poor quality child care were less prepared for school and tended to have less success in the early phases of school than students who received high quality care in their preschool years."¹⁸
- The CQ&CO study also shows that:
 - High quality child care is an important element in achieving the national goal of having all children ready to learn when they come to school.
 - The quality of child care classroom practices was related to children's cognitive development, including language and math.
 - The nature of the preschool teacher-child relationship influenced children's social development through the early school years.
 - High quality child care continues to positively predict children's performance well into their school careers.
- The National Child Care Staffing Study done by the Child Care Employee Project (a nine-year study released in 1998) found that staff turnover is detrimental to children. Child care centers report that high levels of job turnover and serious difficulty in finding qualified teaching staff lead to problems of inconsistent care, under staffing and the strong potential for unsafe conditions for children. Children in centers with higher turnover rates spent less time engaged in social activities with peers and more time in aimless wandering. They also had lower Peabody Picture Vocabulary Test scores compared with children in centers with more stable teaching staff.
- Researchers in the National Child Care Staffing Study consistently found that the cornerstone of child care that promotes healthy development is the presence of sensitive, consistent, well-trained and well-compensated caregivers. The most important predictor of staff turnover among the adult work environment variables was staff wages. Without major improvements in their salaries and working conditions, qualified teachers will continue to leave the child care field for jobs that offer better wages. Better quality centers have:
 - Higher wages
 - Better adult work environments
 - Lower teaching staff turnover
 - Better educated and trained staff
 - More teachers caring for fewer children

Parent Education and Support

- Research suggests that certain family characteristics put children at particular risk for developing conduct problems – namely, low income, low education, teenage pregnancy, isolation, high levels of stress, single parenthood, parental psychiatric

¹⁸ Cost, Quality and Child Outcomes: Researchers from University of Colorado Health Sciences Center, University of North Carolina–Chapel Hill, UCLA and Yale University took part in the study.

illness, parental criminal history or substance abuse, and high levels of marital discord and depression.¹⁹

- Children whose parents are inconsistent in their discipline, physically abusive, or highly critical and hostile are also at greater risk for developing conduct problems as are children whose parents are disengaged from their children's school experiences and provide little cognitive stimulation.²⁰
- Parents who are more involved in their children's educational environment reported more self-confidence, increased internal control, increased self-esteem, increased community involvement, and decreased isolation.²¹
- In Webster-Stratton's 1998 study for National Head Start, children whose mothers received parenting education and support were observed to exhibit significantly fewer conduct problems, less noncompliance, less negative affect, and more positive affect than control children. Mothers were observed at home to have significantly fewer critical remarks and commands, to use less harsh discipline, and to be more positive and competent in their parenting when compared with control mothers.
- Among the pyramid of services needed by all families is adequate income, housing, health care, child care, education and recreation services. Home-visiting programs, family support centers and parent education programs are also indicated for families needing support.²²

¹⁹ Carolyn Webster-Stratton, Parenting Clinic, School of Nursing, University of Washington, 1990

²⁰ Patterson & Stouthamer-Loeber, 1984

²¹ Adams, 1976; Adkins, 1971; Parker & Asher, 1987; Zahn, McKnew, Cummings, Davenport & Radke, 1984; Zigler & Styfco, 1993

²² Children's Defense Fund (1992) State of America's Children 1992, Washington, DC

In considering these findings, a number of common themes and overarching ideas emerged from the CAC's vision, including:

- ***The need for expansion of services and treatment.*** There should be an increase in available services so that, as needs are identified, people can receive the help they need.
- ***The need for a coordinated system of services.*** Parents and children should be able to get good information and referrals, enter a system at multiple locations and receive multi-disciplinary services at one location. Confidentiality issues should be considered while streamlining information sharing.
- ***The need for services/programs to be community/neighborhood/locally accessible.*** Services should be determined by the needs identified in that area, with local input.
- ***The need for services to provide a multi-disciplinary approach and with multiple services offered through each system of distribution.*** Services should include home visitation and early screening. Staff should be cross-trained in multiple needs of the families and the screening tools necessary to identify risk factors, and should include the increased use of community health workers.
- ***The need to develop services for all families, but with special emphasis for some families.*** Families with multiple risk factors should have access to services and support that help them meet their needs and those of their children. There was initial discussion that services/programs be focused on 4 or 5 priority risk factors. The overlap from the child welfare and the health areas point to family/domestic violence, substance abuse, neglect and mental health problems as these identified priority risk factors.
- ***The need to address a growing income gap.*** Poverty was another common theme. Investing in support of a livable wage campaign would do much to help increase wages of child care providers and affect many of the poverty issues that affect the basic needs of children (inadequate food, housing, medical care, etc.)

Common themes and overarching ideas emerged from the CAC's vision (cont'd):

- ***The need to assist the working poor to achieve self-sufficiency.*** This means expanding the community training opportunities for job advancement; expanding community supports for child care resources and other enabling services (e.g. transportation, mentoring, and life-skills training); and providing low interest loans to working poor families for deposits on housing.
- ***The need for a public education campaign to change community norms and build understanding that parenting skills are learned and every parent needs help in developing them.*** This campaign would create a new norm that encourages connections and empowerment for parents. This primary prevention issue was raised in 3 of the 4 ad hoc committees. Parent education should include information related to child development, health and the general welfare of children.
- ***The need for data development to fill in information gaps.*** Data would be available in the frequency and with the detail needed to assess program effectiveness and the community's success in meeting the Commission's outcomes.

V. Commission Objectives, Desired Outcomes, Possible Indicators and Potential Strategies

Program Objectives

This section presents the development to date of the program objectives, a list of the desired outcomes and possible indicators for each objective, and examples of potential strategies that might be utilized to achieve each program objective and desired outcome.

These objectives are based on the CAC's summary of findings as well as the identified needs and opportunities. The Commission is concerned that follow-through on strategies for service integration in the community is critical to assure that each family is linked with the services that meet their unique set of circumstances and needs. Further discussion of service integration follows in Section VII.

Sonoma County Children and Families Commission

Program Objectives

Objective 1: Provide a coordinated system of health care, health status assessment, and intervention services that improve the health and well being of young children age 0 to 5 years old.

Objective 2: Increase the quality and amount of affordable accessible early care and education services in Sonoma County.

Objective 3: Increase the number of parents who access support and educational offerings.

Objective 4: Support and advocate for policies and programs that increase family self-sufficiency and economic stability.

Goal 1

Children ages 0-5 will have access to a full continuum of health care and services.

Objective 1

Provide a coordinated system of health care, health status assessment, and intervention services that improve the health and well being of young children age 0 to 5 year old.

Desired Outcomes:

- Healthy births
- Healthy children and adults
- Healthy early parent/child relationships

Potential Strategies:

- Utilize local community-based facilities to develop centers for coordinated delivery of health services for children.
- Utilize home visiting models and Community Health Outreach Workers, Nurses, Doulas, Midwives, etc. to screen families at the time of childbirth for risk identification and intervention needs.
- Train health care practitioners in best practices for screening and referral, including but not limited to: mental health, domestic violence, breastfeeding, alcohol, tobacco and substance abuse, and child development.
- Increase access to dental health services for children.
- Increase access to mental health services for children.
- Utilize peer support programs as an intervention model including but not limited to areas of: alcohol, tobacco and substance abuse, domestic violence, breastfeeding problems, and mental health issues.
- Train those in contact with pregnant women and young children (including employers) about subsidized health insurance programs and to provide enrollment assistance.

Possible Indicators:

- Decreased low birth weight rate
- Reduced prevalence of substance use including tobacco during pregnancy and reduced number of drug exposed babies born
- Reduced rates of tooth decay in young children
- Reduced pediatric hospitalization rates for ambulatory care sensitive diagnoses (i.e. asthma, mental health)
- Improved developmental outcomes
- Increased number of children enrolled in health insurance
- Increased number of families with newborns screened for risk factors before age 1

Goal 2

Families will have access to high quality, dependable, stable and affordable child care.

Objective 2

Increase the quality* and amount of affordable accessible early care and education services in Sonoma County.

Desired Outcomes:

- Children Ready for School
- Children Succeeding in School
- Safe and Supportive Communities
- Stable Families

Potential Strategies:

- Expand recruitment efforts for new early care and education providers, and provide incentives for providers to become licensed.
- Provide incentives for early care and education providers to remain in the field, and expand mentor teacher/director programs.
- Provide incentives for providers to seek and continue higher education, and expand collaboration with community programs and college community to provide open entry/exit classes for credit.
- Increase available trainings both outside and inside college settings, such as inservice, conference, workshops and Internet, and develop classes in early care and education, targeted at needs identified by the child care community.
- Increase culturally and linguistically appropriate specialists to work with early care and education providers to support the child, the family and the providers.
- Increase the number of culturally and linguistically appropriate specialists available to work with children with special needs.
- Adopt community standards of excellence and quality in early care and education; make use of standards/indicators to measure quality; adopt and utilize a certification process for early care and education providers who meet quality standards; and provide incentives for programs to meet standards. For example, offer support and consultation through the process for early care and education sites to work through an adopted certification process.
- Advocate for and increase the amount of subsidized early care and education.
- Identify and increase the number of facilities available for use as early care and education programs.
- Advocate with school districts for facility use for providing infant/toddler/preschool/pre-K early care and education services on school sites.
- Support collaborations and partnerships in order to leverage funds available in the community for facilities and programs (e.g. seed money, matching funds, revolving loans and facility start-up).

- Increase number of businesses involved in community planning around family self-sufficiency.
- Increase number of employers utilizing family-friendly benefit packages (flextime, cafeteria benefit plans, Dependent Care Assistance Programs, etc.).
- Increase number of employers offering child care assistance to their employees.
- Increase number of employers supporting child care expansion in the community.

Possible Indicators:

- Increased number of early care and education providers
- Increased level of related education among early care and education providers
- More subsidized families served
- More early care and education spaces available
- Increased space available to children with special needs

**The focus of this objective places specific emphasis on these areas of Quality: safe and healthy environments; training and education; commitment to the field; professional level compensation; job satisfaction; consistency of care; developmentally appropriate materials and activities; and community services to provide support for those working with children and families.*

Goal 3

Through support, education, information and services, parents, caregivers and potential parents will use their understanding of the developmental and health needs of children and the demands of pregnancy and parenting to create safe and nurturing environments for children.

Objective 3

Increase the number of parents who access support and educational offerings.

Desired Outcomes:

- Stable Families
- Healthy Children
- Children Ready for School
- Safe and Supportive Communities

Potential Strategies:

- Expand early home visits with families of newborns and young children:
 - ✓ Increase prenatal visits at home;
 - ✓ Increase visits in-the-hospital after delivery; and
 - ✓ Provide anticipatory guidance for parents (for example, using the Brazelton model).
- Expand parent education offerings:
 - ✓ Provide developmental information directly to parents;
 - ✓ Provide peer support and education during perinatal period for breastfeeding;
 - ✓ Expand parenting/human development classes in high schools;
 - ✓ Provide information about available social support and education for parents, especially high risk parents, about community resources and their choices;
 - ✓ Provide education for parents/caregivers about optimal health in pregnancy and childhood, self-care, and communication within families;
 - ✓ Provide services at local community-based facilities, developing centers for parent/caregiver education;
 - ✓ Provide education for parents about choices in health care models (Homeopathy, Chiropractic, Traditional Chinese Medicine, etc.); and
 - ✓ Provide education for parents about ways to improve the dental health of children.
- Provide neighborhood/community-based coordinated and integrated services that:
 - ✓ Develop awareness that we can all learn about parenting;
 - ✓ Involve the local community;
 - ✓ Provide local access where possible; and
 - ✓ Provide multiple services on-site.
- Target services for families involved with the court system or in need of specialized services:

- ✓ Identify families with children 0-5 and multiple risk factors, and tailor coordinated programs as the families are identified, through such venues as:
 - Drug Court;
 - Dependency Court;
 - Domestic Violence Court;
 - Incarcerated Women;
 - Hospital Social Workers and Medical Care Providers;
 - Public Health Nurses;
 - Sonoma Works Program;
 - Homeless and Transitional Housing Programs; and
 - Recovery Programs.
- ✓ Assign special coordinated care management and comprehensive services, and require participation in parenting education for those involved in Drug Court and Domestic Violence Court.
- Provide incentives for:
 - ✓ Employers and child care providers to provide breastfeeding friendly environments; and
 - ✓ Voluntary participation in parenting education by linking training to priority access to child care support and other enabling services (e.g. Transportation, housing vouchers and job and life-skills training).
- Provide opportunities for connection and empowerment among families to:
 - ✓ Develop awareness that we can all learn about parenting;
 - ✓ Teach/Model parenting skills via play;
 - ✓ Provide bonding opportunities for families;
 - ✓ Offer support in a relaxed environment; and
 - ✓ Provide opportunities to expand community social connections.
- Enhance community-wide transportation opportunities to better access educational offerings or support situations.

Possible Indicators:

- Increased parental understanding of child development and developmental milestones (as reported by parents)
- Increased parents' understanding of how risk factors affect the well-being of children, including substance abuse, tobacco and alcohol use, domestic violence, neglect and mental health issues
- Greater representation by multilingual groups in parent education
- Increase in age and peer appropriate social experiences resulting in greater grade school readiness
- Increase in number of high school students participating in parent education and/or child development courses
- Increase in breastfeeding rates
- Increase in parent reports of improved confidence in parenting and self-esteem
- Increase in parents' use of non-violent, positive ways of resolving family conflict

Goal 4

Families with children 0-5 will have access to the resources that enable their children to develop optimally and begin kindergarten at readiness level.

Objective 4

Support and advocate for policies and programs that increase family self-sufficiency and economic stability.

Desired Outcomes:

- Stable Families
- Families Able to Meet their Basic Needs
- Supportive Employment Community

Potential Strategies:

- Educate the public about the impact on children when families do not make a living wage, or have access to affordable housing or affordable child care.
- Place a Children and Families Commissioner or designee on the City and County Economic Development Committees.
- Train multi-agency staff to identify those in need and make appropriate referrals.
- Expand business and community supports for child care resources and other enabling services (e.g. subsidized child care, family literacy, transportation, mentoring, and life-skills training).

Possible Indicators:

- Increase in businesses involved in community planning around family self-sufficiency
- Increase in number of employers utilizing family-friendly benefit packages (flextime, cafeteria benefit plans, Dependent Care Assistance Programs, etc.)
- Increase in number of employers offering child care assistance to their employees
- Increase in number of employers supporting child care expansion in the community

Process Objectives

This section presents the development to date of the Commission's process objectives, desired outcomes and possible indicators. Potential strategies that support the overall goals of service integration, evaluation and infrastructure development, and also stem from the Community Advisory Committee's findings, are identified. Strategies supporting these objectives are further described in Sections VII, VIII and IX.

Sonoma County Children and Families Commission

Process Objectives

Objective 5: Increase the integration and coordination of services across multi-disciplinary agencies.

Objective 6: Increase the sharing of information, data, and analyses across agencies and throughout the community.

Objective 7: Increase awareness of the needs of children 0-5 and their families, increase visibility of programs and services, and highlight contributions being made toward positive outcomes for children in the community.

Goal 5

The Children and Families Commission funds will be invested in programs and service systems to make a positive and significant impact in the community over time.

Objective 5

Increase the integration and coordination of services across multi-disciplinary agencies.

Desired Outcomes:

- Coordinated Children and Family Services
- Healthy Births
- Healthy Children and Adults
- Children Ready for School
- Children Succeeding in School
- Stable Families

Potential Strategies:

- Create a strong and active system of mutual referral and follow-up on referrals.
- Offer multiple services at single sites.
- Develop teams of workers from across several disciplines to work in unison with families.
- Develop a “navigator”, one person in the system who acts as the point of contact for the family and other service providers.
- Make services available in neighborhoods or in areas and facilities easily accessible to families.
- Share resources and funding across programs and agencies.
- Create coordinated systems of information sharing.
- Develop an agreed upon set of results and indicators across agencies and programs.
- Provide for regular performance reports by service providers that relate to the agreed upon results.
- Link funding decisions to performance and results.
- Focus policy decisions on improving performance in results and indicators.

Possible Indicators:

- Increased number of child care, health, parent education, and family support services offered at shared locations accessible to families with young children.
- Increased number of locations offering multiple services needed by families with young children.
- Increased parent reports of better access to family services.
- Increased cross-training of personnel in contact with young children and their families.

Goal 5

The Children and Families Commission funds will be invested in programs and service systems to make a positive and significant impact in the community over time.

Objective 6

Increase the sharing of information, data, and analyses across agencies and throughout the community.

Desired Outcomes:

- Coordinated Children and Family Services
- Healthy Births
- Healthy Children and Adults
- Children Ready for School
- Children Succeeding in School
- Stable Families

Potential Strategies:

- Engage the services of an independent evaluator who is familiar with the Children and Families Commission planning process and with the status of children and families in Sonoma County to assist in developing a detailed evaluation plan including the following steps:
 - Review materials generated through the community planning process, and conduct exit interviews with a sample of the various participants in the process;
 - Meet with Consultants and Commission Staff to discuss evaluation framework;
 - Examine current indicators related to early childhood in Sonoma County; and
 - Develop a Draft and Final Evaluation Plan.
- Provide technical assistance to build community capacity and enable agencies to best accomplish program evaluation, program impact and service integration to meet the goals of the Commission.

Possible Indicators:

- Increased sharing of self-assessment results of programs across agencies.
- Increased sharing of independent evaluation results across agencies.
- Increased sharing of self-assessment results of affected groups, communities, and/or neighborhoods.
- Increased number of community members involved in the assessment process and engaged in supporting the healthy development of children.

Goal 6

The entire community will be engaged in supporting the healthy development of children.

Objective 7

Increase awareness of the needs of children 0-5 and their families, increase visibility of programs and services, and highlight contributions being made toward positive outcomes for children in the community.

Desired Outcomes:

- Safe and Supportive Communities

Potential Strategies:

- Create a public information/education campaign about the services available to children 0-5 and their families in Sonoma County. Include in this campaign an effort to create a new norm that encourages connections and empowerment for parents.
- Continue to involve the community in the activities of the Commission through the Community Advisory Committee, which will:
 - ✓ Develop recommendations to the Commission on the strategic planning process and annual plan review;
 - ✓ Develop recommendations to the Commission on needs assessments, data development, best practices information and other planning needs/activities;
 - ✓ Review program outcome data against Commission goals and plan and make recommendations to Commission on strategic modifications; and
 - ✓ Develop recommendations to the Commission on development and/or revision of strategic plan goals and objectives and areas for program investment, etc.
- Involve the community in the Request for Proposal process of the Commission through proposal review.
- Create a speakers bureau utilizing groups from business, youth, parents, schools, child care associations, health care associations, etc.

Possible Indicators:

- Increased number of community members involved in the Commission's planning process and engaged in supporting the healthy development of children.
- Increased release of public information about the needs of children 0-5 in Sonoma County, and the opportunities available in the community.
- Increased release of public information about the impact of the Commission's work on positive outcomes for children 0-5 in Sonoma County.

VI. Fund Allocation to Commission's Prioritized Strategies

The Children and Families Commission reviewed the broad list of potential strategies developed by the Community Advisory Committee in support of the Commission's goals and objectives. These potential strategies are listed under each goal and objective in Section V. Specific potential strategies were identified from this broad list for further discussion by the Commission based on overall need in the community and potential for integration of services. The Commission then underwent a numerical ranking process to narrow this list of potential strategies to those with the most local promise. Each Commissioner individually ranked the list of specific potential strategies. The rankings were then compiled and this overall ranking was used to narrow the list to the strategies for further review.

The Commission asked staff and consultants to present information on best practices in the four focus areas based on this narrowed list of potential strategies. Information was presented to the Commission on best practice features and outcomes; local feasibility and implications; existing structure; and approximate cost and leveraging potential.

Best practice information was presented on the following potential strategies:

- Home Visitation Models with a focus on:
 - Health;
 - Parent Education; and
 - Multi-disciplinary areas.
- Health Models for:
 - Improving access, reducing cost and increasing the number of providers of dental health for children;
 - Supporting and assisting children and families of children with serious or chronic illness; and
 - Promoting enrollment in affordable health insurance plans for families with young children (e.g. with employer involvement).
- Child Care Models including:
 - Incentive programs that encourage early childhood professionals to stay in the field;
 - Programs where child care providers use "consultants" to assist with behavior, mental health, health, organizational development and training issues;
 - Substitute pool programs (where public/private funds are used to cut the costs for the provider);
 - Programs utilizing assessment tools for measuring child care quality;
 - Programs for expanding child care slots in areas where there are gaps (e.g. nontraditional hours care, care for mildly ill children, infant/toddler care);
 - Programs that assist with child care affordability for parents who are not using CA Department of Education funding (e.g. business sponsorships or subsidies for centers, direct employer child care subsidies to parents);

- Mentoring programs providing opportunities for professional development in the child care field and to assist with retention;
 - Programs where parent education is provided through the child care provider (for all families as well as multiple risk factor families); and
 - Training and technical assistance programs for exempt child care providers.
- Parent Education and Support including:
 - Parent education programs with focus on special populations (e.g. teen parents, substance abusing parents, homeless parents)
 - Programs providing parent-to-parent support; and
 - Family Literacy models.
- Building Community Awareness and Participation through:
 - Volunteerism – programs for intergenerational approaches for using seniors and high school students/teens in child care settings, including training;
 - Programs involving and working with the business community to support families with young children; and
 - Programs for educating the public about early childhood development (e.g. brain development, early learning, early childhood education).
- Facilities including:
 - Programs providing low cost facilities in local areas of need and/or low income areas (grants in the range of \$100,000).

Additional best practice information is presented in the Appendices.

Funding Allocation for Program Strategy Priorities

The Commission utilized this best practice information, public input and comment, the CAC and TRC input and recommendations, and other information provided during the planning process, to develop its priorities for funding. Funding amounts were identified utilizing the Commission's overall approach for program fund allocation discussed in Section III. Individual funded priorities support the Commission's goals and objectives, and may relate to more than one of the planning goals and objectives as a result of Commission's desire to meet the need for overall integration of services.

Program Strategy Priorities

- Home visitation programs;
- Expansion of child care (facilities, child care affordability/subsidies, incentives for child care providers);
- Improving access to dental care;
- Access to child care consultants (health, mental health, behavioral, temperament, fundraising, organizational development)
- Pre/perinatal substance abuse
- Family literacy programs
- Parent education programs including special populations (e.g. using Brazelton/Touchpoints);
- Working with the business community to support families with young children;
- Educating the public about early childhood development;
- Integration/needs assessments.

Two program strategy priorities were identified for major funding based on the potential for integration of services and the need in the community for expansion and coordination: Home Visiting and Expansion of Child Care.

The Home Visiting approach supports several of the Commission's goals and objectives, including:

- Children having access to a full continuum of health care and services (Goal 1) with home visiting being a part of a coordinated system of health care, health status assessment, and intervention services (Objective 1);

- Parents having an understanding of the developmental and health needs of children, and the demands of pregnancy and parenting, to create safe and nurturing environments for children (Goal 3) with home visiting providing increased access to support, information and educational offerings for parents (Objective 3); and
- Investing in programs and service systems to make a positive and significant impact in the community (Goal 5) with the home visiting approach increasing the potential for integration and coordination across multi-disciplinary agencies (Objective 5).

The expansion of child care also supports the Commission's goals and objectives, including:

- Families having access to high quality, dependable, stable and affordable child care (Goal 2), with expansion in the child care area increasing the quality and amount of affordable accessible early care and education services in Sonoma County (Objective 2); and
- Investing in programs and service systems to make a positive and significant impact in the community (Goal 5) with the expansion of child care increasing the potential for integration and coordination across multi-disciplinary agencies (Objective 5).

Other identified program priorities support the Commission's goals and objectives as stated in Section IV:

- Goal 1 (and Objective 1): Children having access to a full continuum of health care and services.
Supporting Program Strategy Priorities: Improving access to dental care; and Pre/perinatal substance abuse treatment.
- Goal 2 (and Objective 2): Children having access to high quality, dependable, stable and affordable child care.
Supporting Program Strategy Priority: Access to child care consultants (health, mental health, behavioral, temperament, fundraising, organizational development).
- Goal 3 (and Objective 3): Parents and caregivers using their understanding of developmental and health needs of children to create safe and nurturing environments.
Supporting Program Strategy Priorities: Family literacy programs; and parent education programs including those for special populations.
- Goal 4 (and Objective 4): Families having access to the resources that enable their children to develop optimally and begin kindergarten at readiness level.
Supporting Program Strategy Priorities: Working with the business community to support families with young children; educating the public about early childhood development; and developing integration/needs assessments.

- Goal 5 (and Objective 5): Commission funds being invested in programs and service systems to make a positive and significant impact in the community over time.
Supporting Program Strategy Priorities: Developing integration/needs assessments; home visitation programs; providing access to child care consultants; providing parent education programs including those for special populations; family literacy programs; working with the business community to support families with young children; expansion of child care; improving access to dental care; educating the public about early childhood development; and pre/perinatal substance abuse treatment.
- Goal 5 (and Objective 6): Commission funds being invested in programs and service systems to make a positive and significant impact in the community over time, with an increase in the sharing of information, data and analyses across agencies and throughout the community.
Supporting Program Priorities: Developing integration/needs assessments.
- Goal 6 (and Objective 7): Engaging the entire community in supporting the healthy development of children and increasing the awareness of the needs of children age 0-5 and their families.
Supporting Program Strategy Priorities: Educating the public about early childhood development; developing integration/needs assessments; and working with the business community to support families with young children.

Three of the program strategy priorities shown below are currently unfunded, however, one or more may be funded with savings from other program categories during the course of the year. These unfunded priorities remain essential elements of the Strategic Plan and the Commission will continue to better define needs, funding opportunities and strategic approaches in these areas.

Priorities for Program Strategies

Fiscal Year 2000-2001 Funding Allocation

Priority	Funding Allocation	Leverage Potential
3. Home Visitation Programs	\$1,000,000	Potential to develop public funds as leverage
4. Expansion of Child Care (facilities, child care affordability/subsidies, incentives for child care providers)	\$1,000,000	Potential to develop additional public/private funding or matching funds Potential for matching funds from State for CARES model
4. Improving Access to Dental Care	*	
5. Access to Child Care Consultants (mental health, behavioral, temperament, fundraising, org. development)	\$150,000	Potential to develop additional private/public funding or matching funds; State Prop 10 to fund 20 counties (\$4MM)
6. Pre/perinatal substance abuse	*	
11. Family Literacy programs	*	State funds expected to be made available
12. Parent Education programs including special populations (e.g. using Brazelton/Touchpoints)	\$200,000	Potential for other public funds available for special populations
13. Working with Business community to support families with young children	\$25,000	Potential for business contributions in support of these efforts
14. Educating the public about early childhood development	\$50,000	Can be supported by State Prop 10 Commission campaign
15. Integration/Needs Assessments	\$50,000	
TOTAL	\$2,475,000	

*Currently, this is an unfunded priority, however, if savings occur during the first year from other funded categories, funds may be allocated toward the end of the fiscal year.

VII. Strategies for Service Integration in Early Childhood and Family Support Programs

The California Children and Families Act recognizes that integrating services is critical to achieving lasting impact in the community. This includes services in the areas of early child care and early childhood education, health, child welfare, parent education and family support services. The Sonoma County Children and Families Commission developed its strategic plan with a focus on integration of services as a key for achieving success.

The Commission's approach to strategic planning utilized the following service integration considerations:

- Involving the local community in identification of specific needs, objectives, and strategies, and engaging different segments of the population in working toward the achievement of the Commission's overall goals.
- Recognizing the importance of developing goals for different segments of the population, including an emphasis toward tailoring services for different neighborhoods or communities, or for families with specific risk factors.
- Developing potential strategies to achieve specific goals and objectives derived from the Commission's identification of community needs, assets and opportunities, and an emphasis toward utilizing and/or leveraging all available resources.
- Encouraging the development of new data sources and new outcome measures where appropriate.
- Linking goals and outcomes to an evaluation process, and using evaluation and monitoring for program improvement.

Potential program strategies incorporated by the Commission into the Sonoma County Children and Families Strategic Plan that support this service integration focus include:

- Training health care practitioners in best practices for screening and referral, including but not limited to: child development, mental health, domestic violence, breastfeeding, and alcohol, tobacco and substance abuse.

- Cross training of personnel serving families and offering multi-disciplinary services on-site. For example, training those in contact with pregnant women and young children about subsidized health insurance programs and providing enrollment assistance.
- Utilizing neighborhood/community-based services that provide local access where geographic and other parameters permit.
- Utilizing existing community-based facilities to provide more comprehensive services for children and families, including child care, health care, and parent/caregiver education and support.
- Utilizing home visiting models. Developing mobile education and multi-disciplinary service teams of Community Health Outreach Workers, Nurses, Doulas, Midwives, etc.
- Increasing the number of culturally competent professionals who serve children and families, especially in child care and health care.
- Increasing the number of culturally and linguistically competent specialists working with children with special needs.
- Increasing culturally and linguistically competent specialists working with early care and education providers to use mental health supports for the child, the family and themselves.
- Providing special coordinated care management and comprehensive services to assist selected parent/child groups.
- Developing centralized information resources such as registries, pools and waiting lists, and shared information-tracking systems, to allow families to be effectively followed through geographic moves and service providers.
- Supporting collaborations and partnerships in order to leverage funds available in the community for facilities and programs (eg. seed money, matching funds, revolving loans and facility start-up).

VIII. Infrastructure Strategies

Three major areas were addressed in developing infrastructure strategies:

- Fiscal Allocation and Management
- Request for Proposal Process
- Commission Roles, Committee Structure and Staffing

A number of issues and options were addressed in developing infrastructure strategies. Recommendations of the Commission's working groups on these issues follow.

A. Fiscal Allocation and Management

The goal of the Commission's fiscal allocation and management strategies is to provide stable ongoing funding, adjusted for inflation and cost increases, sustained over time.

Several allocation scenarios were evaluated, however, with this goal in mind, the Commission adopted the recommendations that:

- A Dedicated Trust Fund should be developed to lengthen the time that stable funding is available for Sonoma County from the proceeds of the California Children and Families Act of 1998;
- Program funding available to the community should remain at a fixed level adjusted for inflation and cost increases; and
- Administrative funds should be allocated to support the operations of the Commission and its staff.

Dedicated Trust Fund

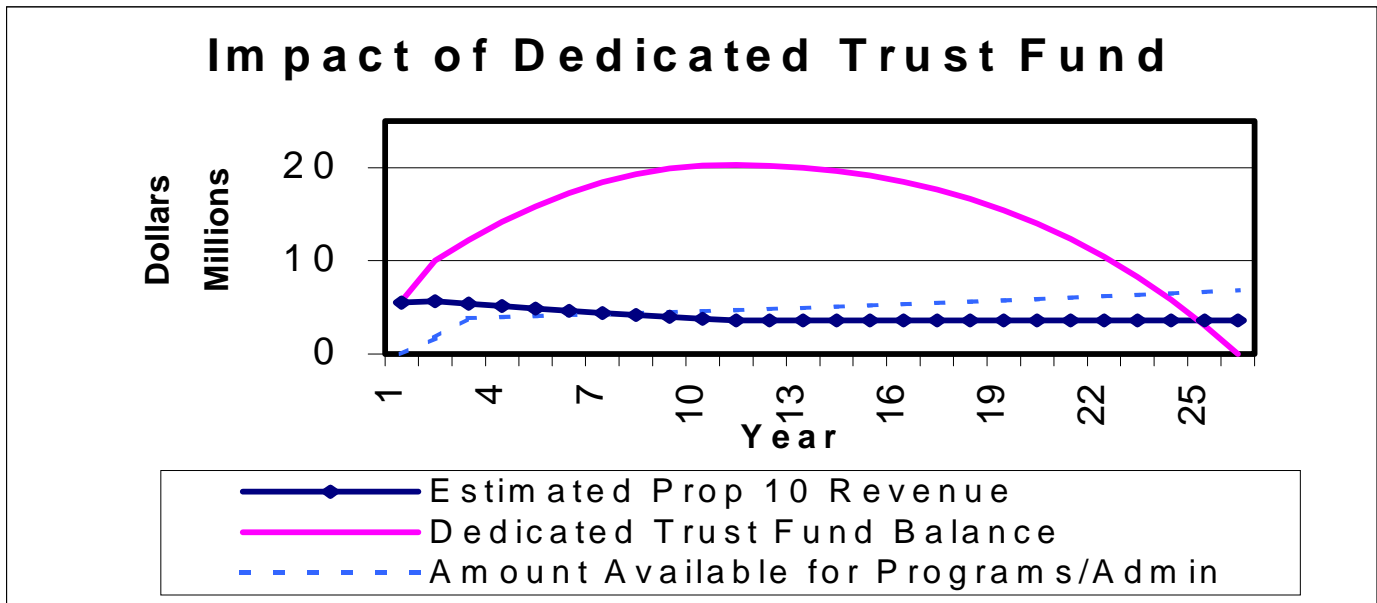
The Commission has further adopted the following as a basis for managing these funds:

- The entire first year of funding (for fiscal year 1999-2000) after expenses will be invested in the Dedicated Trust Fund;
- Approximately 40% of subsequent years' tax revenues will be invested in the Dedicated Trust Fund;
- Interest from the Dedicated Trust Fund will be reinvested in the Trust Fund each year;
- The Trust Fund will be managed as other county funds are for preservation of principal;
- Revenue projections assume a declining revenue source at 5% per year in reduced cigarette sales during the first nine years and a constant revenue source thereafter; and
- The Trust Fund balance reflects that annual inflation adjustments are taken from the Dedicated Trust Fund to supplement committed program funding.

The projected outcomes from these strategies are:

- The Dedicated Trust Fund builds until year six, and then diminishes.

- Beginning year seven, the Dedicated Trust Funds are drawn down to cover inflation-related increases in program funding.
- The Dedicated Trust Fund is depleted in year 25. After this point, available program funding will be based solely on the available annual revenues from Sonoma County's share of the State cigarette tax.



Details of this calculation are shown in the appendices.

Program Funding

The Commission developed three types of program funding and allocated funds to each area:

- Program and Planning Grants – at least 65% of total program and planning funds to be allocated to the Community (exclusive of the Dedicated Trust Fund and administrative funding);
- Matching Funds and Small Grants – 10% of total program and planning funds to be allocated to the Community (exclusive of the Dedicated Trust fund and administrative funding); and
- Special Projects – up to 25% of total program and planning funds to be allocated to the community (exclusive of the Dedicated Trust Fund and administrative funding).

Further description of these funding areas is provided in the discussion on the Request for Proposal Process.

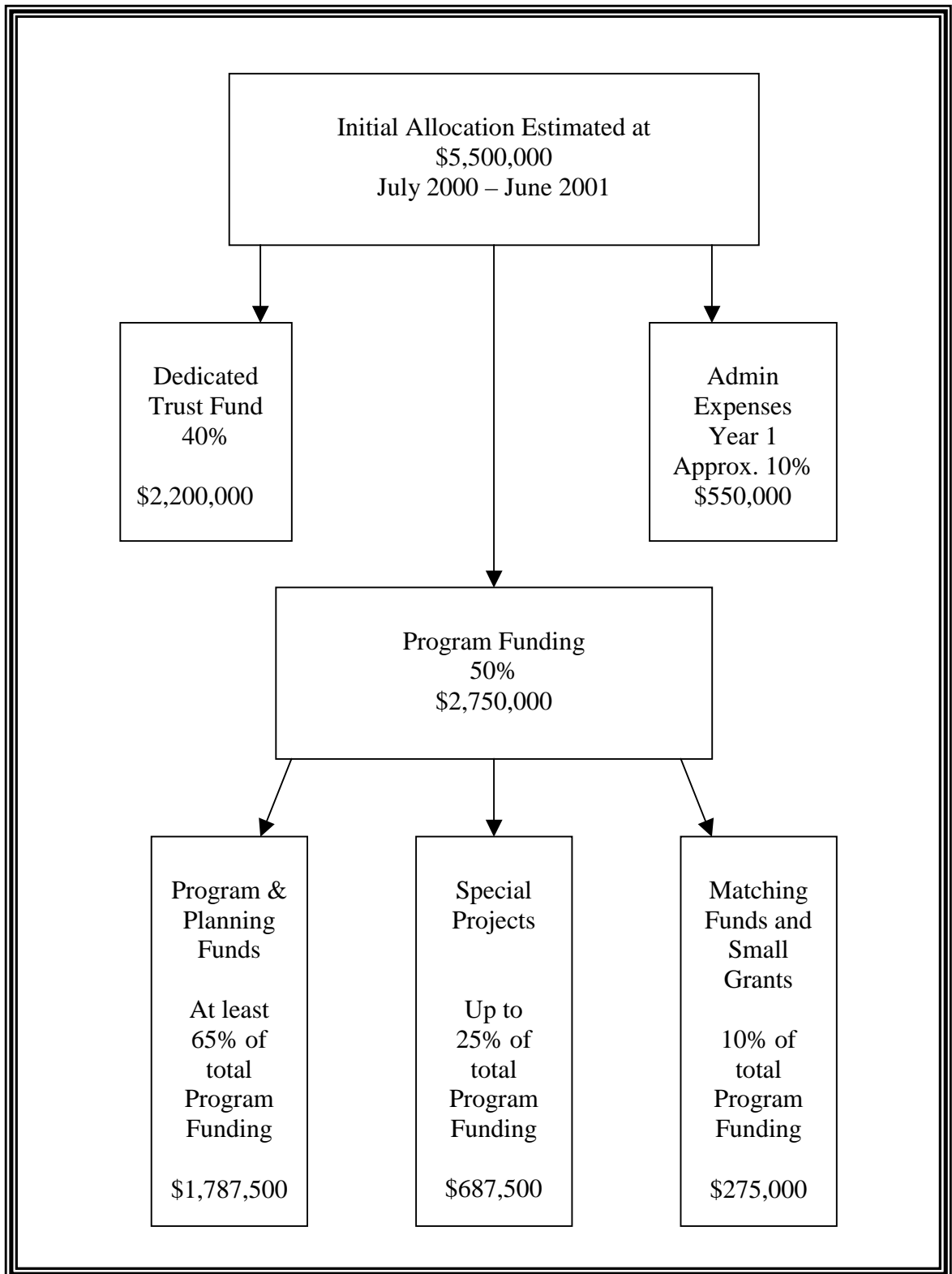
Leveraging and/or Matching Funds

The opportunity to develop leverage of local, state and federal funds with the Commission funds was identified as a key goal. There are a number of opportunities for this type of leveraging:

- Strengthening funding already available to Sonoma County;
- Bringing new funding to the county to support community programs; and
- Developing strong community partnerships.

Sonoma County Human Services developed a matrix, shown in the appendices, of state and federal children and family funds that could potentially be tapped for leveraging. Private sources of funding were also discussed as opportunities for leveraging. Along with the funding allocation plan developed by the Commission, leveraging opportunities were explored and noted on the table that follows. Additional work will need to be done to identify specific leveraged funding opportunities, however, it appears to be a promising strategy to enhance available funding to the county.

Fund Allocation Strategy



B. Request for Proposal Process

The Commission will conduct a Request for Proposal (RFP) process asking for specific program strategies and activities with impacts that support the Commission's desired outcomes. The Sonoma County Strategic Plan cites a number of potential strategies of interest to the Commission and its advisory committee. These are included as examples of the types of proposals the Commission is interested in generating from the community, but is not intended to represent an exhaustive list of approaches that will be considered. The Commission's requests for proposals (RFP) will present enough specificity to generate proposals that meet the desired outcomes of the Commission's plan, but will be flexible enough to encourage a range of proposals. In some cases, the Commission will be specific in the approach they want to fund and in others, will encourage a wide range of approaches to be proposed.

The Commission will issue RFP's to the community one to four times per year depending on the Commission's funding plans and status of currently funded programs. A Letter of Intent (LOI) may be requested in order to assess interest in the community. Proposals will be reviewed by a committee of experts selected by the Commission. Recommendations for funding will be made by staff to the Commission based on the committee's review. The Commission will decide on those programs to be funded, the amount to be funded and the length of that funding. Based on the requirements in the Act, the Commission will develop a mechanism to assure against supplantation of funds.

The goal of the Commission is to reach into the community to fund both new and existing programs. The Commission's intent is to be proactive in building community capacity for service integration and agency collaboration while ensuring a fair competitive process. Planning grants will be accepted. A bidder's conference will be offered and technical assistance will be made available to agencies or groups of agencies that require additional support to be able to submit a competitive proposal. The Commission will develop approaches to providing this technical assistance.

Additional details of the RFP process follow:

Request for Proposal Calendar

- ✓ RFP's will be
 - Issued 1- 4 times per year; and
 - Widely distributed in the community, and available on the Commission's website.
- ✓ Schedule funding cycles to:
 - Maximize the use of matching funds and protect program continuity;
 - Maximize opportunities for program integration; and

- Equalize workload for the staff over the year.
- ✓ RFP's may:
 - Request specific strategies or projects that meet certain outcomes;
 - Ask for proposals to undertake a special project of the Commission; or
 - Be more general, inviting varied approaches to achievement of a broad outcome.
- ✓ A simple Letter of Intent (LOI) may be required in the RFP to indicate that a proposal will be forthcoming.

Request for Proposal Process

- ✓ Staff/consultants will draft the RFP, and develop the scoring criteria, appeal/grievance process, Commission funding guidelines, and guidelines related to supplantation;
- ✓ The Commission will review and approve the RFP process and authorize the release of RFP;
- ✓ The Commission will conduct outreach to community to encourage maximum response;
- ✓ The Commission will sponsor Bidder's conferences and other technical assistance events or assistance for the community;
- ✓ The Commission will recruit and select an independent review committee and consultants, if needed;
- ✓ Staff will train and orient the review committee/consultants;
- ✓ The review committee will conduct proposal reviews, conduct interviews and site visits as needed;
- ✓ The review committee will develop recommendations for proposals to be funded;
- ✓ Staff will work with the review committee to develop funding recommendations for the Commission based on the proposal review and the Commission's currently funded portfolio of programs;
- ✓ The Commission will make its funding decisions and release award letters;
- ✓ An Appeal/Grievance process will be developed and put in place;
- ✓ Staff will conduct contract negotiations, and finalize contracts and required legal/accounting reviews, with funded agencies;

- ✓ Contracts will be submitted to the Commission for final approval, and the Board of Supervisors for authorization; and
- ✓ Authorized contracts will be initiated.

Types of Grants and Allocation of Funds

- ✓ Program and Planning Grants – At least 65% of total program and planning funds to be allocated to the Community (exclusive of the Dedicated Trust fund and administrative funding)
 - Includes program implementation grants and planning grants for community capacity building;
 - Planning grants that result in successfully developed approaches will become funded projects by the Commission at the end of the planning phase;
 - Includes data development projects;
 - Guidelines for small equipment/tools purchase; and
 - Guidelines for maximum administrative costs allowable.
- ✓ Matching Funds and Small Grants – 10% of total program and planning funds to be allocated to the Community (exclusive of the Dedicated Trust fund and administrative funding)
 - Funds to allow agencies requiring a local match to leverage available funds.
- ✓ Special Projects – Up to 25% of total program and planning funds to be allocated to the Community (exclusive of the Dedicated Trust fund and administrative funding)
 - One time only or special projects;
 - Funding for projects designed and managed by the Commission; and
 - May include but are not limited to projects related to data development, evaluation, media/community education, special events, technical assistance, service integration, web-site information systems, etc.

Any funding in these categories not utilized in a particular funding year will be added to the total funds available in the next fiscal year and will be reallocated according to these percentages.

Financial Terms

- ✓ Eligible entities for funding: 501(c)3 and for-profit organizations, or public agencies;
- ✓ An eligible fiscal sponsor will be required for non-incorporated groups;
- ✓ A letter from the fiscal sponsor's Board of Directors will be required; and
- ✓ Commission will permit and facilitate the letting of subcontracts.

Length of Grants

- ✓ One-time only;
- ✓ One year; and
- ✓ Multi-year – number of years to be decided on case by case basis.

Contract Elements

- ✓ A financial audit may be required in certain instances (for example, where leveraged funds utilized require an audit), with the cost of the audit associated with Commission funding to be included in the Commission's grant;
- ✓ Assurance that Commission funds will not supplant other project funds;
- ✓ Continued funding based on funds available, program impacts and outcomes;
- ✓ Assurance that the funded agency will participate in and contribute to the overall evaluation process of the Commission, funded through the Commission's grant; and
- ✓ Utilize a boilerplate contract format.

Reporting Requirements

- ✓ Monthly invoices;
- ✓ Advance payment system in place for use if appropriate;
- ✓ Quarterly Reports;
- ✓ Annual site visit (Staff and Commissioners as desired);
- ✓ Presentations to Commission and/or Community Advisory Committee (once/grant period); and
- ✓ Final report.

Elements To Be Included in Proposal for Funding

Information provided by the Commission:

- ✓ **Introduction**
 - Description of Proposition 10;
 - State and local background on Children and Families Commission;
 - State Mission, principles and goals of Commission; and
 - Description of identified priorities, strategies and desired outcomes.
- ✓ **Description of RFP Process**
 - Timeline/Calendar;
 - How proposal review process will work;
 - Grievance process;
 - Scoring of proposals; and
 - Statement of contingency of funding availability.
- ✓ **Description of this year's funding priorities (or focus of this set of RFP's)**

Request for Information from the Organization Applying for Funds **(This list of information required may be tailored to meet the specific objectives of each RFP)**

- ✓ **Introduction/Cover Page**
 - Name of Project;
 - Agency/Organization Applying;
 - Amount Requested; and
 - Other contact information to be included in Cover Page

- ✓ **Background on the organization**
 - Year Founded;
 - Mission;
 - Description of Organization/Structure;
 - Description of Agency Governing Board;
 - Agency Effectiveness – experience/capacity, description of range of work in community, other similar projects undertaken/ongoing; and
 - Description of Staff.

- ✓ **Description of the need, opportunity, problem, or issue to be addressed**
 - Target population;
 - Documentation of the need;
 - Geographic area to be served; and
 - How this relates to the Commission priority under which applying for funding.

- ✓ **Description of Project/Proposed Program to be Funded**
 - Summary Statement of Project;
 - Specify who was involved in planning the program;
 - Describe how the proposal was developed;
 - Target population;
 - Goals, Objectives, and Activity Plan/Methodologies;
 - Application of Best Practices;
 - Timeline;
 - Staffing; and
 - Budget (Budget for project, % of project to be funded by request from Commission, Leveraged funds, Matching funds).

- ✓ **Program Evaluation Plan**
 - Strategy;
 - Techniques to be adopted;
 - Phases of program to be evaluated;
 - Data elements to be included;
 - Frequency of monitoring;
 - Self-evaluation between participating agencies; and
 - Use of independent evaluator (optional).

- ✓ **Description of Program Impact**
 - Describe the indicators to be utilized as short-term measures of the desired impact of the project/program;
 - Indicate what changes will take place in the community or with the target population if the project is funded;

- Indicate a timeline for these changes (for example, what will change in the first year, what will change in later years, how will these changes be sustained); and
 - Tie this description back to the Commission's desired outcomes.
- ✓ **Service Integration and Interagency Coordination**
- Describe the organization's working relationships with other organizations and individuals in the community working with similar populations, working to meet the same or similar needs, providing similar services, or achieving similar outcomes.
 - Describe the organization's vision of an effective service system.
 - How do current working relationships with other organizations and individuals in the community support this vision?
 - How does proposed project support this vision?
 - How would you evaluate the impact of the proposed project on service integration and interagency coordination?
 - If additional resources or assistance were provided, what additional steps could be taken in the context of your workplan to improve the service system?
- ✓ **Technical Assistance Needs of the Applicant Organization**
- Planning;
 - Evaluation; and
 - Other.
- ✓ **Conclusion**

C. Commission Function, Committee Structure and Staffing

The current plan for staffing the Commission assumes that the Sonoma County Department of Health Services, Prevention and Planning Division, remains the home for the Commission staff. Legal and financial services are provided by county departments and funded under the administrative budget of the Commission.

There are currently five Commissioners seated on the Sonoma County Children and Families Commission. The Board of Supervisors revisited this issue in November 1999 and decided to maintain the size of the Commission at five members, but to consider an increase at a later time. The Commission's plan recommends the creation of two additional Commission member positions to bring the total to seven in April 2000, with the goal of increasing to nine members at a later date. The plan for the Commission committee structure provides for a structure for a Commission of seven or nine members.

Proposed Commission Workplan

- ✓ Promotes and assures community involvement in Prop 10 planning and implementation activities;
- ✓ Oversees strategic plan development and annual plan revisions;
- ✓ Administers RFP process and allocates Prop 10 resources;
- ✓ Oversees administration of Prop 10 revenues and investments;
- ✓ Monitors performance and outcome data to assure program effectiveness and progress against desired outcomes;
- ✓ Assures compliance with State reporting and planning guidelines; and
- ✓ Oversees public information, education, training and technical assistance activities and special projects as needed to support plan goals and desired outcomes.

Proposed Commission Calendar

- ✓ Meetings: Monthly, except December and July
- ✓ Planning/reporting cycle:
 - July-Sept: Conduct and prepare annual program and financial audit (due 10/15)
 - Nov - Dec: Prepare and publish annual report
 - Dec – Mar: Conduct annual strategic plan review
 - April: Finalize and submit revised strategic plan

Planned Committee Structure

Seven to Nine Member Commission Scenario:

Administration Committee (3 - 4 members) Chair, Vice-Chair, one other Commissioner

- ✓ Develops Commission agendas;
- ✓ Makes recommendations to Commission on policy, budget and governance;

- ✓ Oversees and reports to Commission on financial and administrative activity (investments, audits, budget administration, personnel, service contracts);
- ✓ Monitors and reports to Commission on personnel functions (recruitment, hiring, development);
- ✓ Oversees compliance with reporting and audit requirements; and
- ✓ Conducts liaison with state Commission and County entities.

Planning and Evaluation Committee (3-4 members)

- ✓ Designs and oversees strategic planning process and annual plan review;
- ✓ Oversees development and implementation of performance and outcome measurement systems and reports; and
- ✓ Reviews information on program performance, impact and outcomes and makes recommendations to Commission.

Program Committee (3 members)

- ✓ Oversees RFP process (convenes proposal review committees, drafts final funding recommendations for Commission review);
- ✓ Oversees provision of technical and capacity-building assistance to prospective applicants, funded projects and community-at-large; and
- ✓ Oversees implementation of Commission special projects (public education, social marketing, etc.)

Community Advisory Committee (20 members, non-conflicted - appointed by and reporting to Commission)

- ✓ Develops recommendations to Commission on strategic planning process and annual plan review;
- ✓ Develops recommendations to Commission on needs assessments, data development, best practices information and other planning needs/activities;
- ✓ Reviews program outcome data against Commission goals and plan and makes recommendations to Commission on strategic modifications; and
- ✓ Develops recommendations to Commission on development and/or revision of strategic plan goals and objectives, areas for program investment, etc.

Proposed Commission Staffing

The administrative budget for the Commission is expected to be in the range of approximately 10% of total fiscal year funds available to the Commission. The following are staff positions and functions funded by this budget:

✓ **Health Program Manager 1.0 FTE**

Provides primary staff support to the Children and Families Commission and its committees, represents Commission and coordinates liaison with State Commission, oversees Commission's communications and public relations activities, coordinates on-going strategic planning activities, acts as liaison with County and community-based prevention and family-serving programs, monitors and evaluates legislation for impact on Commission functioning, acts as project director on Commission's special projects,

supervises Commission staff and consultants, prepares and/or coordinates preparation of required progress reports, audits and other mandated reports, performs other duties as required.

✓ **Program Planner Evaluation Analyst 1.0 FTE**

Provides oversight to Commission's RFP and contracting processes, administers contract compliance monitoring systems, oversees program performance and outcome evaluation activities, supervises evaluation consultants as needed, assists with needs assessment and other data collection activities, coordinates technical assistance functions, develops and updates evaluation component of strategic plan, participates in production of Board reports, annual reports and other reports as required by the Commission, performs other duties as assigned.

✓ **Clerk Typist III 1.0 FTE**

Provides general clerical support to Commission staff including document preparation, mailings, desktop publishing, filing, record-keeping, maintenance of Commission databases and official records, meeting minutes and calendars and other duties as assigned.

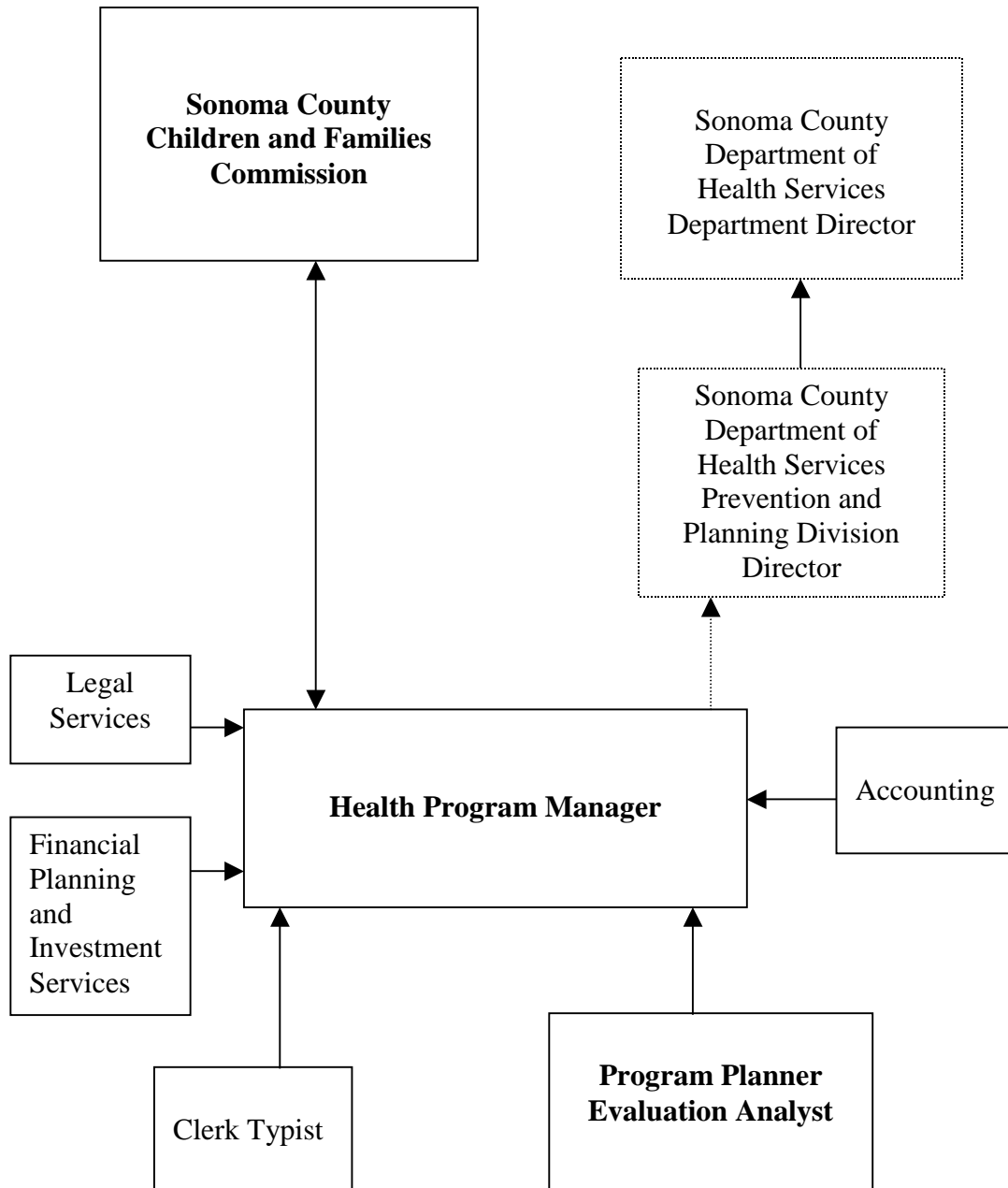
✓ **Accountant II 1.0 FTE**

Prepares budgets and budget amendments, develops data for financial reporting and forecasting, reviews contracts for financial compliance, reviews and prepares financial resolutions, acts as liaison to County Auditor's office, assures compliance with legislation and policies, coordinates annual audit, provides financial oversight of Dedicated Trust Fund, supervises Account clerk, other duties as assigned.

✓ **Account Clerk III 1.0 FTE**

Provides accounting support for purchasing, accounts payable, payroll, accounts receivable, payment of Commissioner expense/per diem claims, other duties as assigned.

Commission Staffing Organization Chart



**Sonoma County Children and Families Commission
Implementation Budget
FY 2000-2001**

	<u>Total Budget</u>
<u>PERSONNEL</u>	
Health Program Manager (1.0 FTE)	\$59,187
Program Planning Evaluation Analyst (1.0 FTE)	\$49,204
Clerk Typist III (1.0 FTE)	\$31,199
Per Diem for Commissioners (\$125 per full day for 3 members at 1 day per month)	\$4,500
Accountant II (1.0 FTE)	\$45,159
Account Clerk III (1.0 FTE)	\$31,761
	Subtotal Salaries
	\$221,010
Benefits	\$83,985
TOTAL PERSONNEL	\$304,975
<u>OPERATING EXPENSES</u>	
Countywide Administration (A-87)	\$28,600
Rents/Leases Buildings	\$11,100
Room Rental	\$1,500
Office Supplies	\$4,200
Communications	\$5,700
Postage	\$3,500
Travel (car and air – Commissioners, staff, volunteers)	\$4,400
Private car mileage	\$2,000
Advertising	\$1,500
Legal Services (300 hours)	\$35,850
Rents/Leases – Equipment (copy machine, translation equipment)	\$3,100
Printing/Graphic design	\$6,000
Small Tools (3 PC's, 2 wrkstns, 1 fax, 1 printer for program; 2 PC's with printers, 2 wrkstns, misc. for admin.)	\$40,641
Software	\$600
Computer charges	\$6,300
Web-site development and maintenance	\$4,000
Training/Conferences	\$1,700
Incentives	\$1,500
Food	\$1,200
Annual Audit	\$15,000
Consultant Services (Training, facilitation, evaluation, planning, translation, honoraria, per diem)	\$50,000
TOTAL OPERATING EXPENSES	\$228,391
TOTAL PERSONNEL AND OPERATING EXPENSES	\$533,592

IX. Evaluation Strategies

Evaluation Framework

Evaluation is an essential tool in establishing the intended results of the Commission's work; reviewing progress toward achieving the goals, objectives and desired outcomes in the plan; and assessing the effectiveness of the funding allocation decisions. The Commission's plan for evaluation combines the state requirements for assessing the impact of services from an outcomes perspective with the Commission's need to establish process measures and build local capacity to measure outcomes. The Commission views its first evaluation priority as starting the long-term process of capacity building and creating baseline information against which progress can be measured. Only after those two foundations have been established will the Commission be able to assess the ultimate impact of its work.

The Commission will establish performance expectations at three levels of impact. The evaluation will provide evidence of the extent its decisions have affected those three levels. They are:

1. **Individual children and families** – The first level of impact will be the individual children and families who use Commission-funded services. For them, the evaluation will establish expected outcomes or measures of change over time. These expectations will be consistent with the intent of the California Children and Families Act but will address the specific needs of Sonoma County as defined in the Strategic Plan.
2. **Service system** – Beyond the effect on individual service users, the Commission wants to promote a comprehensive, integrated service system that is consumer-oriented and easily accessible. The evaluation will establish expectation for changes in the service delivery system, as well as the capacity of individual service providers, that reflect the Commission's goals.
3. **Community** – The ultimate measure of the effectiveness of the Commission's work will be improvements in the well-being of all children and families in the county. The evaluation will document changes in a select group of established indicators of the status of children and families. The indicators will be meaningful measures of community change. In addition, the Commission will conduct periodic surveys of the community residents to assess attitudes and behaviors related to young children.

Evaluation Approaches

The Commission will use a combination of methods to document the impact of its decisions and the performance of service providers who receive Commission funding. The most significant of these are described below:

- **Service provider reports** – The most important evaluation tool in the short-term will be reports from service providers about the users of their services. The Commission has established goals, objectives and indicators for each of its key outcome areas.

These are the Commission's expectations for impact on service users. The evaluation will translate these expectations into specific process and outcome reporting requirements. As a requirement of funding, providers will collect and report data about service users and changes in their status over time. Some of this information will be self-administered by service users while other data will come from provider records. Some service providers will need substantial help in developing their capacity to meet this requirement. The initial emphasis will be on building strong baseline data. With support, the providers will eventually be documenting the achievement of outcomes.

- **Service provider self-assessments** – In addition to providing quantitative information about service users, providers will also conduct self-assessments. The self-assessments will document changes in organizational capacity, participation in service integration and responsiveness to changing community needs. They will allow service providers to describe the impact of the Commission's work from their own perspective.
- **Monitoring community indicators** – The Commission will identify that group of community-level indicators that best reflect their expectations for community-wide change. The Commission will ensure that the indicators selected are meaningful and realistic measures of changes in the status of children and families that are within the Commission's ability to influence. Most of these indicators will be available from secondary sources. The Commission may choose to track some community-wide indicators not readily available from other sources, in which case it will develop the necessary data sources.
- **Community and service user surveys** – Those who are directly involved in the service system will have the opportunity to assess its effectiveness in meeting their needs. Service users will be asked to evaluate the services they receive in terms of quality, responsiveness, access and impact. This information will be separate from that supplied by service providers and will be used to cross-check provider data. The other "users" of the service system are members of the general community, including those without young children or families. The Commission's long-term impact will be to change the quality of life in Sonoma County. The residents of the county (parents of young children and others) will be asked about the Commission's work and their recommendations for the future.

The evaluation will be one of the most important mechanisms for service users and community residents to inform the Commission about its impact. For that reason, there will be an oversight group, incorporated into the Commission's committee structure and responsible for ensuring that the evaluation is responsive to community input, feasible for providers to implement, and addresses the critical issues facing young children and their families in Sonoma County. Service users, service providers, and general community members will serve on this oversight group. They will review the evaluation design and data collection tools, monitor the impact of the evaluation of service users and providers, and make recommendations to the Commission for improvements in the evaluation.

Measuring Change

The measurement of change requires three design elements: a clear statement of what is expected to change; the ability to measure that which is expected to change at least twice; and data collection tools which accurately describe the thing being measured. The Commission's strategic plan provides a clear statement of goals, objectives, and indicators. These elements were selected because they describe those parts of the world of young children in Sonoma County of greatest interest to the Commission and importance to the community. They are the foundation on which the evaluation rests. The other two components necessary to measure change will require additional effort to develop.

The second element necessary to measure change is the ability to describe status over time. This means that service providers and evaluators must create the capacity to track service users. Follow-up procedures can be time-consuming and complex but are necessary for the documentation of actual long-term impact. The Commission and its evaluation staff are committed to working with service providers to find innovative strategies for client follow-up. The Commission does not expect its contractors to develop their own plans for tracking client outcomes over time. The long-term evaluation design will create a service system strategy for following the progress of service users.

The final requirement is to have valid, reliable and easy-to-use data collection tools. This will include qualitative methods (such as focus groups and interviews) as well as the more traditional quantitative techniques. The Commission and its evaluators will work with service providers to develop tools that meet these requirements. To the extent possible, the evaluation will build on those data elements that are commonly used in child health, family functioning, and school readiness programs. When it is necessary to develop new questions or data collection strategies, the Commission will encourage the participation of service providers in the design of such strategies. The evaluation will reflect the Commission's overall commitment to community involvement.

Building Capacity

The Commission recognizes that, while the county's service providers are committed to service quality, many lack the staff or technical skills to implement an outcome-oriented evaluation. The Commission will address this through two strategies. The first is to phase in the evaluation requirements over time. The evaluation will start by asking contracted service providers to use their existing instruments to describe basic process measures, with the requirement that those instruments meet some basic minimum standard. Over the course of the first year, the Commission will develop more detailed data requirements which will be phased in by the beginning of the second year. During the second year, the providers will begin using some standardized data collection and management tools. There will also be an expectation that all providers will be collecting short-term outcome data in the second year. By year three, the evaluation will begin documenting the long-term outcomes of services while continuing to collect process and

short-term information as well. Over time, the service providers will develop the skills and experience to implement a more rigorous outcome evaluation.

The second capacity-building strategy is to deliver intensive technical assistance on evaluation, measurement, and data management. The Commission will provide expert training, consultation and other support to allow service organizations to increase their skills. This will continue during the three-year period of evaluation phase-in.

X. Conclusions

The Sonoma County Children and Families Commission has undergone a tremendous countywide effort to involve the community in planning for the local implementation of the statewide *Children and Families Act of 1998*. The planning process was at times both frustrating and exhilarating, but all those involved were very committed to the tasks.

Through this document, the Commission is submitting its current version of Sonoma County's Strategic Plan to the State Children and Families Commission. As required in the Act, this plan will undergo yearly review and revisions. The Commission plans to continue to focus its efforts on:

- Assessing the effectiveness of funded programs.
- Evaluating the Commission's impact on community-wide outcomes.
- Developing information to support future planning efforts.
- Refining programs and services over time.

It is anticipated that the fiscal year 2000-2001 RFP process will be implemented this summer with funding to the community anticipated in the fall 2000.

The goals and objectives discussed in this plan are indicated for a one year planning period, however, the Commission sees these as part of their long term vision for Sonoma County. The Sonoma County Commission will continue to work within the community on the issues following the mission, principles, and goals developed at the beginning of this strategic planning process.

Appendix I

Sonoma County Children and Families Commission Planning Blueprint

Appendix II

Sonoma County Children and Families Commission Best Practices

Appendix III

Sonoma County Children and Families Commission Dedicated Trust Fund Calculation

Appendix IV

**Sonoma County Children and Families Commission
Matrix of Potential Leverage Funding**